

<b>Case Number:</b>	CM14-0007404		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/26/1988
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62-year-old male with a date of injury of 8/26/88. The mechanism of injury was not noted. On 11/20/13, he had significant decreased pain symptoms bilaterally in hips and lower back due to a left S1 joint injection. He now noticed increased right lower right back pain. On exam the patient is alert and oriented and in no acute distress. His gait is antalgic and he is utilizing a single-point can to assist with ambulation. There is tenderness to palpation to the lumbar spine. The diagnostic impression is lumbar radiculopathy, chronic low back pain. Treatment to date: Surgery, medication management, home exercise program. A UR decision dated 12/31/13 denied the request for Robaxin because guidelines do not recommend long-term use of muscle relaxants. There was no muscle spasms documented on the physical exam. In addition, there was no documentation of functional improvement from the use of Robaxin. In addition, the guidelines do not recommend muscle relaxants as any more effective than NSAID's alone.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**ROBAXIN 750MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been on Robaxin for an extended period of time and there was no documentation of functional improvement noted. The guidelines state that in most cases of low back pain, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement and with prolonged use may also lead to dependence. Therefore, the request for Robaxin 750mg #120 was not medically necessary.