

<b>Case Number:</b>	CM14-0104092		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	02/01/2001
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is a 44-year-old female who has submitted a claim for lumbago associated with an industrial injury date of 2/1/2001. Medical records from 12/5/2013 up to 5/13/2014 were reviewed showing chronic low back pain with radiculopathy. Right leg is also weak and has caused falls. Physical examination of the lumbar spine revealed +3 tenderness with myospasms, motion loss, and trigger points. Treatment to date has included Robaxin 500mg (since at least 12/2013), Zanaflex, Restoril, Lyrica, Xanax, Norco, and Fentanyl patches. Utilization review from 6/10/2014 denied the request for Robaxin 500 mg, 1 tab orally BID 19 days, 38 for chronic low back pain. The patient is also taking Zanaflex. Therefore, this patient is on two muscle relaxants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500 mg 38 for Chronic Low Back Pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

**Decision rationale:** According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been taking Robaxin since at least 12/2013. Patient complains of chronic low back pain with radiculopathy. Physical examination of the lumbar spine revealed +3 tenderness with myospasms, motion loss, and trigger points. However, the patient is also currently taking Zanaflex. There is no discussion as to why the patient should be taking two antispasmodic medications. Moreover, efficacy of these medications appears to diminish over time and may lead to dependence. In addition, there was no documentation of objective improvement with long-term use of Robaxin. Therefore the request for Robaxin 500 mg, 1 tab orally b.i.d, 19 days, 38 for chronic low back pain is not medically necessary.