

<b>Case Number:</b>	CM14-0109591		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/16/2008
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Tennessee. 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 cervical degenerative disc disease, myalgia, myositis and chronic pain syndrome associated with an industrial injury date of 6/16/2008. Medical records from 2014 were reviewed. The patient complained of neck pain radiating to both arms described as sharp, throbbing, deep, shooting and stabbing. Aggravating factors included lifting, changing positions, twisting and rolling. Heat, rest and massage relieved the pain. The pain was rated 10/10 in severity and relieved to 4/10 with medications. The patient was alert and oriented to time, place and person. Weakness was not noted. Balance, gait and coordination were intact. Treatment to date has included physical therapy, Verapamil, Omeprazole, Robaxin (since June 2014) and Norco. The utilization review from 7/8/2014 denied the request for Robaxin 750 mg # 180 refill 0 because of no evidence of spasticity to warrant its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750 mg # 180 refill 0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

**Decision rationale:** According to pages 64-65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Methocarbamol (Robaxin) is used to decrease muscle spasm in conditions such as low back pain. Its mechanism of action is related to central nervous system depressant effects. Muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there are no objective findings of muscle spasms in the patient. There is no discussion explaining the need for Robaxin use. The patient has been prescribed Robaxin since June 2014 and long-term use is likewise not recommended. Therefore, the request for Robaxin 750 mg # 180 refill 0 is not medically necessary.