

<b>Case Number:</b>	CM14-0123921		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/28/2007
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 45-year-old male who reported an injury on 12/28/2007 due to a heavy lift. The injured worker's diagnoses include chronic low back pain, history of left L4-5 microsurgical discectomy on 05/14/2009, L4 laminectomy with left L4-5 foraminotomy on 11/26/2012, persistent low back pain, lumbar disc disease, and lumbar radiculitis. Prior diagnostic studies include a lumbar MRI performed on 02/25/2008 and a lumbar MRI on 12/16/2011. Surgical history includes left L4-5 microsurgical discectomy on 05/14/2009. The injured worker reported the surgery helped slightly; however, he continued to have cramping in his legs. The injured worker also had an L4 laminectomy with left L4-5 foraminotomy on 11/26/2012. The injured worker stated the surgery helped temporarily but soon he started getting cramping in his legs again. The symptoms recurred 6 months after that surgery. On 07/08/2014 the injured worker reported complaints of low back pain which radiates to the left leg. The injured worker noted he had been falling. The injured worker rated his pain as 7/10 to 8/10 without medications and 6/10 to 7/10 with the pain medications. The pain was alleviated by lying down and use of pain medications. He denied adverse side effects to current medication. There was some tenderness over the lumbar paraspinal muscles. Straight leg raising was positive bilaterally, worse on the left. Muscle strength was 5/5 for both lower extremities with the exception of the left gastrocsoleus and the left ankle dorsiflexors graded 4/5. Reflexes were 2+ and symmetrical on both quadriceps. The physician was not able to obtain the gastrocsoleus reflexes. There was a decreased sensation to light touch over the right L5 dermatomal distribution. The injured worker reported muscle spasms. The physician recommended the injured worker start Robaxin 500 mg 2 to 3 tablets a day as needed. The injured worker signed a contract with a physician for the use of narcotics. That contract was initiated on 06/02/2014. The injured worker received Norco and naproxen sodium. The physician was starting the injured

worker on Robaxin for muscle spasms. The medication was being prescribed to alleviate muscle spasms. The Request for Authorization Form was signed on 07/14/2014 made available for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Robaxin (Methocarbamol) 500mg, #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Robaxin Page(s): 63 and 65.

**Decision rationale:** The request for Robaxin (methocarbamol) 500mg quantity 60 with 1 refill is non-certified. California MTUS Guidelines for muscle relaxants do recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. CA MTUS guidelines states that Robaxin is not considered a first line option for short term treatment of acute exacerbations in patients with chronic low back pain. The physician was prescribing this medication with 1 refill, indicating this medication would be taken longer than the recommended short term. Also, the refill would not allow for an adequate re-assessment of the injured worker to support continuation. The request as submitted failed to provide the frequency at which to use the medication. As such, the request is non-certified.