

<b>Case Number:</b>	CM14-0125652		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	01/29/2002
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Medicine and is licensed to practice in Texas and Florida. 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 54 year old female who was injured on 1/29/2002. The diagnoses are low back pain, bilateral knee pain and muscle spasm. On 7/22/2014, [REDACTED] noted that the pain was worse at night. The patient reported doing daily stretching exercises. There was improvement in muscle spasm with a 1 month trial of Robaxin. The objective findings were positive Lasegue sign and tenderness of the paraspinal muscles. The medications are Norco, MSIR and Lidoderm for pain, Robaxin for muscle spasm and omeprazole for the treatment of NSAIDs induced gastritis. A Utilization Review determination was rendered on 7/30/2014 recommending non certification for Robaxin 750mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamo l(Robaxin, Relaxin, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The CA MTUS guidelines recommend that the use of muscle relaxants be limited to less than 4 weeks duration to minimize the risks of dependency, sedation, addiction and drug interaction with opioids and other sedatives. The records indicate that the patient have

utilized Robaxin for a 1 month trial with beneficial effects. The criteria for further use of Robaxin 750mg #60 were not met. Therefore, this request is not medically necessary.