

<b>Case Number:</b>	CM14-0152901		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/19/1999
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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:

The patient is a 51-year-old female who has submitted a claim for Lumbosacral spondylosis without myelopathy associated with an industrial injury date of July 19, 1999. Medical records from 2002 through 2014 were reviewed, which showed that the patient complained of 7/10 pain (this was according to the UR, as the progress notes provided did not mention any subjective complaint). Examination revealed bilateral lumbar paravertebral tenderness, left sacroiliac joint tenderness. There was no mention of spasms in the recent progress notes. Treatment to date has included Robaxin. A progress report on July 28, 2014 and August 25, 2014 mentioned that the patient was on the current medication (which includes Robaxin) and has not changed essential regimen in greater than six months. Utilization review from September 3, 2014 denied the request for Robaxin 500 mg, qty: 90 because there was no documentation of acute muscle spasms and intention to treat over a short course.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500 mg, quantity: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Non-Sedating Muscle Relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, patient was prescribed Robaxin since at least the past 6 months. However, the physical examinations from the previous progress notes do not mention any muscle spasm. The guideline also does not recommend long-term use of muscle relaxants, and no discussion regarding weaning was found. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Robaxin 500 mg, qty: 90 are not medically necessary.