

<b>Case Number:</b>	CM14-0022039		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	11/07/2007
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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:

This is a 41-year-old female with a 11/7/07 date of injury to her lower back after lifting heavy items while working as an event coordinator. The patient started a Functional Restoration Program (FRP) on 1/14/14 and was noted to be on Robaxin 750 mg TID at least since November of 2013 chronically. On 1/27/14 the patient complained of severe muscle spasms all over her body, which were relieved by Dilaudid in the past and had been to the ER several times for this. It was noted she was voluntarily shaking her body. She was given Baclofen and was able to rejoin her FRP. As of 1/29/14 at the end of her FRP the patient still had complaints of low back pain with radiation to the left leg. Exam findings revealed an SCS implant scar, surgical scars in the lumbar posterior region, tenderness of the left lateral hip at the greater trochanter bursa, diffuse low back and thoracic spinal tenderness with associated muscle spasm left greater than right with limited range of motion. Her Robaxin was reduced to 750 mg BID and she was started on Flexeril 10 mg QHS. The patient's diagnosis is drug dependency, chronic pain syndrome, lumbosacral neuritis, lumbar degenerative disease, and status post SCS implant/explant secondary to infection. Treatment to date: FRP, medication management, SCS, narcotic inpatient detoxification, physical and chiropractic therapy, facet injections, massage, TENS unit The UR decision dated 2/3/14 the request for Robaxin given this prescription for the date 1/21/14 was already certified and an additional prescription was not considered necessary. The request for Flexeril was denied given the patient was noted to be using it prior to her Functional Restoration Program and this exceeded the treatment guidelines for us of 2-3 weeks. In addition the patient is on Robaxin, a muscle relaxant, and there was no evidence demonstrating the need to two muscle relaxants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROBAXIN 750 MG:** 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 Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient is noted to be on this medication at least since November of 2013. She was also noted to be on Valium and Klonopin at the time, as well as Fentanyl patches and Percocet. Her Robaxin was decreased from 750 mg TID to BID after her FRP, however Flexeril was initiated during this time. Thus, the need for two muscle relaxants is unclear. In addition, her Robaxin was certified, hence there is no rationale for a duplicate certification. Therefore, with regard to the request for Robaxin 750 mg as submitted is not medically necessary.

**FLEXERIL 10 MG:** 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 Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has been on Robaxin, a centrally acting muscle relaxant, at least since November of 2013. During her FRP in January she decreased her dose from 750 mg TID to BID, and Flexeril 10 mg QHS was added. It is unclear why the patient requires two centrally acting muscle relaxants. No rationale was given for this. In addition, the patient demonstrated voluntary spasms all over her body and required a high dose of Baclofen for this to cease. The patient has been on a centrally acting muscle relaxant, Robaxin, for months, and was placed on another, Flexeril, for unknown reasons. There is no documentation to support the use of two muscle relaxants chronically. Therefore, the request for Flexeril 10 mg is not medically necessary.

