

<b>Case Number:</b>	CM14-0022825		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/03/2000
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Minnesota. 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 66 year old female who reported an injury on 03/03/2000 from an unknown mechanism. The injured worker had a history of lower back pain. Upon examination of the lower back on 01/31/2014 the injured worker had low back pain that radiated down her right leg and into the foot and spasm on the left side of the back. The pain is sharp, shoot and throbbing. The injured worker had been in more pain since the colder weather began. The pain level is 6/10. The pain is aggravated by walking, sitting and standing for extended periods of time and lying down for long periods of time. The pain is relieved by medication, hot or cold compress and TENS unit. Cervical motor exam revealed C5-deltoid 5/5 bilateral, C6- biceps 5/5 bilateral, C7-triceps 5/5 bilateral, C8-intrinsic hand flexion right 5/5 and left 4/5, and T1-intrinsic hand abduction right 5/5 and left 4/5. The injured worker had a diagnoses of degeneration of cervical intervertebral disc, lumbar disc degeneration, myofascial pain syndrome. The medications are Celebrex 200 mg, Flexeril 10 mg, Lidoderm topical 5%, Lunesta 3 mg, Neurontin 300 mg, Fish Oil, Iron, Multivitamin, Percocet 10/325 mg, Robaxin 500 mg, Senokot 50 mg, and Zanaflex 4 mg. The treatment plan is for Robaxin 500 mg oral tablet, take 1 - 2 pills by mouth 3 times a day x 1 month (30d) as needed #120, RF: 2. The request for authorization form was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROBAXIN 500MG 1 TO 2 TABS THREE TIMES A DAY. QTY: 360: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**Decision rationale:** The request for Robaxin 500mg 1 to 2 tabs 3 times a day; quantity 360 is non-certified. The injured worker had a history of low back pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker had lack of documentation for use of NSAIDs. Also, there is lack of documentation to the effectiveness and duration of relief of pain for the medication. In addition, there is a lack of documentation of muscle spasms on physical examination to support the need for a muscle relaxant. As such, the request is not medically necessary.