

<b>Case Number:</b>	CM14-0025244		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56 year old female who reported an injury on 05/11/2009. The injured worker complained of weakness throughout her entire upper right extremity, she stated that the pain remains the same from her last visit. The injured worker also complained of right sided neck, low back and right hip pain. No measurable pain documented. On physical examination the injured worker showed a non-antalgic gait, normal heel and toe walk demonstrating no major postural abnormalities. The injured worker had an abduction range of 90 degrees and a flexion of 85 degrees to the right shoulder. The injured worker's medications include Synthroid, Thermacare heat patches, Lorazepam 1mg tablet 2 times a day PRN, Artificial tears-liquid 1 application 1 once at bedtime, Ibuprofen 600mg 1 tablet 3 times a day, Robaxin 500mg 1 tablet once a day, Medrox #3 patch as directed 2 times a day PRN, Prilosec 20mg DR 1 capsule 2 times a day, Lidoderm patches 5% 1-2 everyday, Voltaren gel and Relafen 500mg 1 tablet 2 times a day PRN with food. The treatment plan is for Robaxin tablet 500mg 1 tab daily PRN 30 days #30. The rationale for request was not submitted for review. The request for authorization form was submitted on 01/10/2014 by [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROBAXIN TABLET 500MG 1 TAB ORALLY EVERY DAY AS NEEDED 30 DAYS**  
**#30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state in most lower back pain cases, Robaxin shows 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 MTUS guidelines also state that Robaxin is within the class of drugs with limited published evidence along with Chlorzoxazone, Dantrolene and Baclofen. The documentation submitted for review does not indicate whether Robaxin has been effective thus far, no quantified information regarding pain relief. In addition, there was no assessment regarding current pain on a VAS scale, average pain, intensity or longevity of pain relief. The MTUS guidelines recommend that Robaxin be taken as directed: 1500 mg four times a day for the first 2-3 days, then decreased to 750 mg four times a day for no more than 4 weeks. Evidence in submitted report shows the injured worker has been taking Robaxin for chronic pain since 08/30/2010 exceeding the MTUS guidelines. Given the above, the request for on-going use of Robaxin is not supported by the California Medical Treatment Utilization Schedule (MTUS) guideline recommendations. As such, the request for Robaxin tablet 500mg 1 tab orally every day as needed 30 days #30 is not medically necessary.