

<b>Case Number:</b>	CM14-0027513		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/18/1975
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Health and is licensed to practice in Texas. 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 male injured on 09/18/75 due to an undisclosed mechanism of injury. Current diagnoses include low back pain, chronic neck pain status post cervical fusion from C4 to C7, and depression/insomnia secondary to chronic pain. The clinical note dated 01/16/14 indicates the injured worker presented complaining of persistent neck pain rated at 8/10 reduced to 5/10 with medications. Objective findings include decreased range of motion of the cervical spine. Current medications include Norco 5/325mg QD, Percocet 10/325mg 6 per day, and Robaxin 750mg QID. Prior treatments include medication management, extensive conservative therapy, and extensive surgical interventions. The initial request for Robaxin 750mg, quantity 120 was initially non-certified on 02/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROBAXIN 750MG QTY: 120:** 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.

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Robaxin 750MG QTY: 120 cannot be established at this time.