

<b>Case Number:</b>	CM14-0035699		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/22/2008
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Family 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:

A 60 year old male sustained a work related injury on 2/22/08 involving the back and left hip. He has a diagnosis of lumbar radiculopathy and underwent a lumbar laminectomy. He subsequently developed post-laminectomy syndrome. His pain had been chronically managed with opioids and muscle relaxants. A progress note on 9/24/13 indicated he had been on Robaxin (Methocarbamol) 50 mg, and that it had helped his spasms. A progress note on 2/20/14 indicated that he had continued pain and spasticity in the low back. Physical findings were non focal and unremarkable. He was continued on Trazadone for insomnia, Robaxin 50 mg BID, Norco and Morphine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) - ANTISPASMODICS: Methocarbamol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

**Decision rationale:** Methocarbamol (Robaxin) is a muscle relaxant. 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 low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen. Based on the lack of supporting evidence and the prolonged use of Robaxin, the request is not medically necessary.