

<b>Case Number:</b>	CM14-0043848		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Texas and Ohio. 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 50-year-old male who reported an injury after being in a forklift accident on 10/10/2012. The clinical note dated 03/18/2014 indicated diagnoses of cervical radiculopathy and cervical degenerative disc disease. The injured worker reported mid back, neck, and shoulder pain. He reported intermittent numbness of the hand. The injured worker reported chiropractic treatment in the past with some alleviated pain. The injured worker reported pain with neck rotation and elevation of the arm and increased aggravation in his pain since last visit. On physical exam of the cervical spine, there was tenderness to the bilateral paraspinal with a positive twitch response with trigger points noted in the muscles of the head and neck specifically. The injured worker had decreased range of motion. The injured worker had an antalgic gait. The injured worker's lumbar flexion was decreased. The injured worker reported he benefited in the past from chiropractic rehab to his low back; however, he had not had any chiropractic rehabilitation to his neck. This was an aggravation of his pain and per the provider; he would like to place him back in chiropractic rehab for 1 to 2 sessions for the next couple of weeks. The treatment plan included obtaining an MRI of the shoulder, obtaining a urine drug screen, prescribe Robaxin and Terocin. The injured worker's prior treatments included diagnostic imaging, chiropractic therapy, and medication management. The injured worker's medication regimen included Flexeril, Vicodin, methocarbamol, Duexis, Neurontin, Norco, and Robaxin. The provider submitted a request for Robaxin. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Robaxin Page(s): 64..

**Decision rationale:** The request for Robaxin 750 mg is not medically necessary. California MTUS guidelines indicate that Robaxin is an antispasmodic used in low back pain to decrease muscle spasms, although it is sometimes used whether a spasm is present or not. There was a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, it was not indicated how long the injured worker had been prescribed this medication. Moreover, the documentation submitted did not indicate the injured worker had any spasms. Additionally, the request did not indicate a frequency or quantity for the Robaxin. Therefore, the request for Robaxin 750 mg is not medically necessary.