

<b>Case Number:</b>	CM14-0084531		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old male with a 11/2/11 date of injury, status post left shoulder arthroscopy and subacromial decompression, left shoulder arthroscopic rotator cuff repair 12/27/11, and status post left shoulder arthroscopic acromioplasty, revision rotator cuff repair and distal clavicle resection 8/14/12. At the time (5/8/14) of request for authorization for Robaxin 500mg #60, there is documentation of subjective (neck pain which radiates down the left upper extremity, rated 8-9/10 and continued left shoulder pain rated 8-9/10) and objective (tenderness over paracervical muscles, base of neck, base of skull, trapezius musculature bilaterally, and interscapular space, hypersensitivity over the left C5, C6, C7, C8 dermatome distributions, decreased cervical range of motion with pain, palpable tenderness over acromioclavicular joint and lateral aspect of left shoulder, decreased range of motion of left shoulder with pain, and positive impingement sign on left) findings, current diagnoses (C3-C7 disc degeneration, severe C3-7 stenosis without myelopathy, left arm radiculopathy with progressive weakness, left shoulder rotator cuff tear, status post arthroscopic repair, and status post left shoulder arthroscopic acromioplasty, revision rotator cuff repair and distal clavicle resection 8/14/12), and treatment to date (medications (including Robaxin since at least 3/18/14)). There is no documentation of acute muscle spasms; the intention to treat over a short course; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Robaxin use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of C3-C7 disc degeneration, severe C3-7 stenosis without myelopathy, left arm radiculopathy with progressive weakness, left shoulder rotator cuff tear, status post arthroscopic repair, and status post left shoulder arthroscopic acromioplasty, revision rotator cuff repair and distal clavicle resection 8/14/12. However, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Robaxin since at least 3/18/14, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, given documentation of ongoing treatment with Robaxin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Robaxin use to date. Therefore, based on the guidelines and a review of the evidence, the request for retrospective request for Robaxin 500mg #60 is not medically necessary.