MAXIMUS Federal Services

| Case Number: | CM14-0128684 | | |
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| Date Assigned: | 08/15/2014 | Date of Injury: | 01/04/2006 |
| Decision Date: | 01/26/2015 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 08/12/2014 |

## 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 Practice 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:

Claimant is a 40 year old male who sustained a work injury on 1/4/06 involving the neck and shoulder. A magnetic resonance imaging (MRI) on 12/9/10 indicated the claimant had left shoulder impingement and CT on 4/9/10 indicated the claimant had cervical stenosis of C4-C5. He was diagnosed with cervical disc degeneration. He had been previously treated with Norco and Dilaudid for pain. He had been on Tizanidine for muscle relaxation since at least March 3, 2014. A progress note on 6/30/14 indicated the claimant had been on Robaxin for muscle relaxation and had provided him with 50 pain relief in neck spasms. He had undergone a cervical fusion and continued to have 7/10 neck pain. He had used a TENS unit. Examination finding were notable for painful flexion and extension of the humerus. Acupuncture continuation was recommended along with continuing Robaxin 500 mg TID, Dilaudid and Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** According to the California MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants for several months. Continued and chronic use of muscle relaxants including Robaxin is not medically necessary.