

<b>Case Number:</b>	CM14-0187675		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	11/13/2001
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 patient has a reported cumulative date of injury of 11/13/2001-02/17/2014. The only provider notes included or review is an ultrasound report. This showed rotator cuff tendonitis and bursitis. Per the utilization reviews included, the patient has the diagnoses of shoulder sprain/strain and shoulder bursitis. The physical exams had noted shoulder tenderness, restricted range of motion and impingement signs. The patient did undergo extracorporeal shockwave therapy to treat shoulder impingement syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin #120:** 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 Page(s): 63-66.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See,

2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most Low Back Pain (LBP) cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004)The long term chronic use of this medication is not recommended per the California MTUS. There is no provided documentation to show that the medication has been prescribed for short term use to treat acute flares of chronic low back pain. In the absence of such documentation, the request is not medically necessary and appropriate.