

<b>Case Number:</b>	CM14-0202247		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	12/01/2013
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Preventive Medicine, and is licensed to practice in Indiana. 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:

This employee is a 50 year old male with date of injury of 6/6/2014. A review of the medical records indicate that the patient is undergoing treatment for left elbow injury, and neck pain. Subjective complaints include continued pain in the left elbow and the neck with some radiation down bilateral extremities with numbness and tingling. Objective findings include limited range of motion of the cervical spine with tenderness to palpation of the paravertebrals; painful range of motion of the left elbow; 12/5/2013 X ray showing normal left elbow and humerus, but a 12/13/13 MRI showing mild tendinosis of left distal biceps tendon with some ulnar nerve edema; EMG and cervical MRI revealed C6-7 radiulopathy. Treatment has included Norco, Naprosyn, Vicoprofen, elbow sleeve, physical therapy, neurontin, and etodolac. The utilization review dated 11/3/2014 non-certified Robaxin 750mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** MTUS states regarding muscle relaxants, Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP and . 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. Medical documents also do not indicate what first-line options were attempted and the results of such treatments. Additionally, records do not indicate functional improvement with the use of this medication or other extenuating circumstances, which is necessary for medication usage in excess of guidelines recommendations. As such, the request for ongoing treatment with Robaxin 750mg #30 is not medically necessary.