

<b>Case Number:</b>	CM14-0205815		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Emergency Medicine 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:

Patient with reported date of injury on 5/5/2009. Mechanism of injury is described as occurring while carrying a heavy load. Patient has a diagnosis of gait anomaly, lumbar disc displacement, lumbosacral disc degeneration, lumbosacral neuritis, and lumbago. Medical reports reviewed. Last report available until 11/17/14. Patient complains of low back pain. Pain radiates to legs. Pain is 7/10 and makes it difficult to perform activity of daily living. Physical therapy is not helping. Objective exam reveals slowed gait, paravertebral muscle tenderness, straight leg raise positive on R side. No imaging or electrodiagnostic reports were provided for review. Current medications include Percocet, Gabapentin, Mirtazapine, sertraline, Temazepam, Simvastatin and Robaxin. Independent Medical Review is for Robaxin 750mg #60. Prior Utilization Review on 11/13/14 recommended non-certification of Robaxin. It approved Gabapentin, percocet and follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

**Decision rationale:** Robaxin or methocarbamol is a muscle relaxant. As per MTUS guidelines, evidence show that it is no better than NSAIDs and is considered a second line treatment due to high risk of adverse events and due to poor supporting evidence. It is recommended only for short course of treatment for acute exacerbations. Patient has been on this medication chronically. There is no documentation of improvement. The number of tablets requested is not consistent with short term use. Robaxin is not medically necessary.