

<b>Case Number:</b>	CM14-0085931		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/27/2007
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 is a 53 year old male with an injury date on 8/27/07. The patient complains of low lumbar pain radiating down the right leg per 5/13/14 report. The patient describes his current pain level as 5-6/10 in the lumbar and hip per 5/13/14 report. The patient takes Tramadol 2-3 times a day and Robaxin twice a week per 5/13/14 report. The patient's right hip pain is worse with standing, walking, kneeling and stooping motions per 5/7/14 report. Based on the 5/13/14 progress report provided by the treating physician, the diagnoses are: 1. lower back pain. 2. L-spine strain. 3. multi-level L-spine disc protrusion. 4. C-spine strain. 5. multi-level L-spine disc protrusion. 6. T-spine strain. 7. multi-level T-spine disc protrusion. A physical exam on 5/13/14 showed " L-spine range of motion is limited with extension at 20 degrees. Straight leg raise positive bilaterally." The patient's treatment history includes medications, chiropractic (improved). The treating physician is requesting robaxin 750mg #60. The utilization review determination being challenged is dated 5/20/14. The requesting physician provided treatment reports from 11/13/13 to 5/13/14.

### 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 Relaxant (for pain).

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

**Decision rationale:** This patient presents with lower back pain, right leg pain. The treater has asked for ROBAXIN 750MG #60 on 5/13/14. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Effective in reducing pain and muscle tension, and increasing mobility. However, in most 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. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request is not medically necessary.