

<b>Case Number:</b>	CM15-0000037		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	07/31/2000
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 64 year old female with a date of injury as 07/31/2000. The current diagnoses include sprained neck, intervertebral disc disorders, and cervical disc degeneration. Previous treatments include oral and topical medications, and cervical fusion. Physician's reports dated 06/16/2014 through 12/16/2014 were included in the documentation submitted for review. Report dated 12/16/2014 noted that the injured worker presented with complaints that included constant neck pain, frequent headaches, muscle spasms, and a burning sensation across her shoulders. Physical examination revealed limited range of motion in the neck; cervical compression caused neck pain that radiates to her left shoulder blade, palpation revealed muscle spasm in the cervical paraspinal and cervical trapezius muscles. The injured worker reported loss of light touch and pinprick in the left upper extremity. The physician documented that the injured worker cannot function without her medications. She has attempted to try to wean down further, but cannot function without taking at least five tablets of Norco a day in addition to her Duragesic patch. The injured worker reported 50% reduction of pain, 50% functional improvement with activities of daily living, and her pain is rated as 10 out of 10 without medications, and 4 out of 10 with medications. It was noted that the injured worker takes occasional Robaxin tablet for her muscle spasms. The current medication regimen consists of Duragesic patch, Norco, Robaxin, Ambien, and Maxalt MLT. The physician noted that the injured worker is under a narcotic contract, but this contract was not included. Documentation submitted supports that the injured worker has had multiple urine drug screenings, but none of these reports were included. The injured worker is not working. The utilization review performed

on 12/16/2014 non-certified a prescription for Robaxin based on muscle relaxants are not recommended for chronic or long-term use, particularly when employed in conjunction with opioid agents. The reviewer referenced the California MTUS in making this decision.

### **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 for Pain Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**Decision rationale:** The injured worker sustained a work related injury on 07/31/2000. The medical records provided indicate the diagnosis of sprained neck, intervertebral disc disorders, and cervical disc degeneration. Previous treatments include oral and topical medications, and cervical fusion. The medical records provided for review do not indicate a medical necessity for Robaxin 750mg #60. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain.