

<b>Case Number:</b>	CM15-0136359		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	11/15/2006
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52-year-old male, who sustained an industrial injury on 11/15/2006. Diagnoses include thoracic strain, cervical strain, myofascial pain of cervical and thoracic regions, right shoulder impingement syndrome and status post recent right shoulder arthroscopic glenoid labral debridement, rotator cuff debridement and repair, subacromial bursectomy and decompression with excision of CA ligament. Treatment to date has included surgical intervention (right shoulder, 2008) as well as conservative treatment including medications. Current medications include Norco and Robaxin. He denies any significant side effects. Per the Primary Treating Physician's Progress Report dated 5/27/2015, the injured worker reported no interval change since his last appointment. He reports pain in the neck and upper back, including his right shoulder. He has continued with his exercise program including the use of a pulley system for ranging of the shoulder. He occasionally has headaches triggered by his neck pain. He also experiences spasms in his neck and upper back. He reports 50% reduction in pain with the use of his medications. He rates his pain as 7-8/10 without medications and 3-4/10 with medications. Physical examination of the shoulders revealed positive impingement sign in the right shoulder. Abduction and forward flexion are 160 degrees in the right shoulder. There was tenderness and spasm in the cervical, thoracic and lumbar paraspinal regions. The plan of care included medication management and authorization was requested for Norco 10/325mg #120 and Robaxin 500mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500 mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Methocarbamol (Robaxin), p65.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 2006 and continues to be treated for back pain and right shoulder pain. When seen, he was having neck and upper back spasms. Physical examination findings included decreased right shoulder range of motion with positive impingement testing. There was cervical, thoracic, and lumbar paraspinal muscle tenderness with muscle spasms. Robaxin has been prescribed since at least May 2014. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include Robaxin (methocarbamol). In this case, there is no identified new injury or exacerbation and Robaxin has been prescribed on a long-term basis and appears to be ineffective. Continued prescribing was not medically necessary.