

<b>Case Number:</b>	CM15-0143260		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	05/24/2003
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 (IW) is a 45-year-old male who sustained an industrial injury on 05-24-2003. Diagnoses include strain, sprain of the cervical spine superimposed upon disc bulging; strain, sprain of the lumbar spine with disc bulging; and strain, sprain of the right ankle. Treatment to date has included medications, chiropractic treatment and home exercises. According to the PR2 dated 7-6-2015, the IW reported improvement in pain and function with his current medications. He was able to return to work. He reported his neck, low back and right ankle pain was 1 to 2 out of 10 with medication and 6 out of 10 without them. Chiropractic treatment was also helpful for his lumbar pain. He was taking Tylenol #3, one tablet, two to four times daily for pain and Robaxin 750mg, one tablet, as needed for muscle spasms. On examination, the cervical paraspinal muscles and midline lumbar spine was tender to palpation; there were spasms in the trapezius muscles and right lumbar paraspinals. Active range of motion of the cervical and lumbar spine was reduced in all planes except lumbar bilateral lateral bending. The lateral right ankle was tender, as well, but his gait was normal. The provider noted the IW was using the Robaxin only intermittently, as needed, resulting in his previous prescription lasting four months. A request was made for Robaxin 750mg, #60 with 0 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750 mg #60 with no refills: Overturned**

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

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

**Decision rationale:** The claimant sustained a work injury in May 2003 and continues to be treated for neck, low back, and right ankle pain. Medications are referenced as decreasing pain from 6/10 1-2/10 with improved activities of daily living and allowing him to continue working. Medications include Robaxin being taken only for episodes of acute muscle spasms. When seen, there was cervical paraspinal muscle and trapezius muscle spasm. There was decreased cervical and lumbar spine range of motion. There was mild right lateral ankle tenderness with a normal gait. There was lumbar spine tenderness with right paraspinal muscle spasms. Medications were refilled including Robaxin 750 mg #60. No refills were given. The claimant is being seen approximately every 2-4 months. Robaxin is a muscle relaxant in the antispasmodic class. Although its mechanism of action is unknown, it appears to be related to central nervous system depressant effects with related sedative properties. 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. Its efficacy may diminish over time, and prolonged use may lead to dependence. Although used to decrease muscle spasm, these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. In this case, the amount being prescribed is consistent with only intermittent use for flare-up as documented in the medical record. The claimant is working. When seen, the presence of muscle spasms was documented. No refills are being given. The request is medically necessary.