

<b>Case Number:</b>	CM15-0145646		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	05/14/2011
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on May 14, 2011, incurring low back injuries. She was diagnosed with lumbar disc disease and lumbar radiculopathy. Treatment included pain medications, anti-inflammatory drugs, antidepressants, Cognitive Behavioral Therapy, home exercise program and activity restrictions. Currently, the injured worker complained of persistent low back pain with muscle spasms, numbness, tingling and weakness. She noted that she was able to perform more activities of daily living with medications and without medications. The treatment plan that was requested for authorization included a prescription for Robaxin.

### 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 Robaxin Page(s): 63-64.

**Decision rationale:** According to the guidelines, muscle relaxants such as Robaxin are not indicated for long-term use. They are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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, it was used for several months in combination with Percocet. Chronic use is not recommended and continued use is not medically necessary. Therefore, the request is not medically necessary.