

<b>Case Number:</b>	CM15-0162833		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Texas, 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 51 year old male, who sustained an industrial injury on 3-25-2011. He reported pain to the neck, bilateral arms, and bilateral wrists. The mechanism of injury is not indicated. The injured worker was diagnosed as having muscle spasm, cervical pain, and cervical disc disorder, and wrist pain, history of bilateral shoulder surgery (20 year prior). Treatment to date has included physical therapy, medications, electrodiagnostic studies (5-8-2015), and urine drug screening (2-5-2015), and TENS unit, aqua therapy, cervical epidural steroid injections, and lumbar spine epidural steroid injection. The requested is for Robaxin. The records indicate he has been utilizing Robaxin since at least March 2015, possibly longer. On 3-19-2015, he reported neck and wrist pain that was unchanged since his previous visit. He rated his pain as 2 out of 10 with medications and 7 out of 10 without medications. He reported no new problems or side effects. The treatment plan included: refilling medications Oxycodone and Robaxin. On 7-9-2015, he reported low back pain. He rated his pain 4 out of 10 with medications, and 9 out of 10 without medications. He indicated there were no new problems or side effects, and that his activity level had decreased. Physical examination revealed tenderness on palpation over lumbar spine and positive Tinel and Phalen sign of wrist. Current medications are: Neurontin, Oxycodone, Robaxin, Atenolol, and Lisinopril. Physical findings revealed low back muscle spasms and tenderness. The treatment plan included: CURES report revealing Suboxone; stopping physical therapy due to increased pain; magnetic resonance imaging of the lumbar spine; re-request lumbar epidural steroid injection when physical therapy is completed; Neurontin, oxycodone, Robaxin, discontinue ibuprofen, naproxen and zorvolex. The patient had

used a TENS unit for this injury Patient had received cervical ESI for this injury. The patient had received an unspecified number of chiropractic visits for this injury The patient's surgical history include bilateral shoulder surgery 20 years ago. The patient has had diagnoses of muscle spasm

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Robaxin 750mg #28:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Robaxin 750mg #28: Robaxin contains methocarbamol which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. The injured worker was diagnosed as having muscle spasm, cervical pain, and cervical disc disorder, and wrist pain, history of bilateral shoulder surgery (20 year prior). On 7-9-2015, he reported low back pain. He rated his pain 4 out of 10 with medications, and 9 out of 10 without medications. He indicated there were no new problems or side effects, and that his activity level had decreased. Physical examination revealed tenderness on palpation over lumbar spine and positive Tinel and Phalen sign of wrist. Physical findings revealed low back muscle spasms and tenderness. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. The request for Robaxin 750mg #28 is medically necessary and appropriate for this patient.