

<b>Case Number:</b>	CM15-0168996		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	02/22/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male who sustained a cumulative industrial injury to his lower back on 02-22-2014. The injured worker was diagnosed with lumbar muscle strain and sacroiliac joint sprain. According to the primary treating physician's progress report on July 23, 2015, the injured worker continues to experience left sided back pain radiating to the left great toe and foot associated with numbness. Examination of the lumbar spine demonstrated tenderness, pain and spasm with normal range of motion. Deep tendon reflexes, sensation, motor strength, straight leg raise and gait were within normal limits. The examination of the bilateral hips and thoracic spine were normal. Prior treatments documented to date have included chiropractic therapy (7 sessions completed), Baclofen for weaning in October 2014, lumbar epidural steroid injection on January 27, 2105 without relief, non-steroidal anti-inflammatory drugs (NSAIDs) and opiates. Current medications were listed as Norco and Naprosyn. Treatment plan consists of stretching exercises, ice and heat treatment, ointments and current medication regimen, temporary total disability (TTD) with work and activity modifications and follow-up in 5-6 weeks. On July 23, 2015 the provider requested authorization for Robaxin 750mg #90. The Utilization Review determined the request for Robaxin 750mg #90 was not medically necessary on July 28, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg qty. 90:** Upheld

**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:** The patient presents with left low back pain and radiating pain to the left great toe and foot with weakness. The request is for ROBAXIN 750MG QTY. 90. The request for authorization is dated 07/23/15. Physical examination of the lumbar back exhibits tenderness, pain and spasm. Normal range of motion. Advised to perform light exercise as instructed along with stretching to relieve stiffness and pain. Instructed in use of ice/heat and ointments. Per progress report dated 07/23/15, the patient is TTD. MTUS page 63-66 Muscle relaxants (for pain) Section states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS page 63-66 ANTISPASMODICS Section for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Per progress report dated 07/23/15, treater's reason for the request is "Will request again to treat the intermittent back spasms at night and help with sleep, 1 tab at night PRN spasms." In this case, MTUS guidelines recommend non-sedating muscle relaxants for short-term use. However, Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, the request for Robaxin Qty 90, which is for 3 months use, does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.