

<b>Case Number:</b>	CM15-0180255		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/25/2003
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 57 year old female who sustained an injury on 8-25-03. Diagnoses include strain, sprain cervical spine with multiple bulging discs; strain, sprain right shoulder and status post right carpal tunnel release. Treatments have included medication, chiropractic therapy, epidural steroid injection and acupuncture was authorized but she was unable to attend. Currently the IW is complaining of neck pain with radiation down bilateral arms that is aggravated with the performance of some activities of daily living. She works regular duties. She takes Norco 2 per day for pain and rated her pain at 5 out of 10 with medication. 7-13-15 urine drug screen results with the prescribed Soma are consistent and in consistent with the prescribed Norco. Range of motion reveals tender cervical paraspinals and trapezii. She uses medications for flare-ups only. A prescription for Robaxin 750 mg #60 no refills for acute pain and spasms and the records indicate she did not get the Robaxin that was written on 7-13-15. Current requested treatments Robaxin 750 mg #50. Utilization review 8-20-15 requested treatment non- certified.

### 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 Medical Treatment 2009.

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

**Decision rationale:** Regarding the request for methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the methocarbamol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested methocarbamol (Robaxin) is not medically necessary.