

<b>Case Number:</b>	CM15-0190601		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	11/14/2008
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 51 year old female who sustained an industrial injury on 11/14/2008. Medical records indicated the worker was treated for bilateral shoulders impingement syndrome, right shoulder rotator cuff tendinosis, possible ulnar neuritis of the right upper extremity, right middle trigger finger, and right ring trigger finger. In the provider notes 08-20-2015 the worker complained of frequent episodes of pain with muscle spasms in the neck. The neck pain is rated an 8 on a scale of 1-1, and radiates into both arms, down to the hands, and also radiates over the top of her head, settling behind her eyes as a headache. The neck pain is exacerbated with upward gazing, with prolonged driving, and with the performance of some of her activities of daily living. She reports stiffness about her bilateral shoulders, right worse than left that she rates at a 5. Shoulder pain is made worse by working at or above the shoulder level. On examination, the worker is noted to have tenderness over the bilateral posterior cervical paraspinals and the bilateral upper trapezius musculature where muscle spasms and myofascial trigger points are noted. Active range of motion of the cervical spine in flexion is 45 degrees, extension is 40 degrees, and lateral bending is 35 degrees on both right and left. There is increased neck pain on extremes of range of motion of the cervical spine. There is increased right and left shoulder pain upon the extremes of flexion and abduction about the bilateral shoulders. Shoulder flexion is 165 degrees, extension is 40 degrees, abduction is 165 degrees, internal rotation is 80 degrees, and external rotation is 90 degrees. Current medications include Vicodin ES (since at least 03-07-2015), Soma (since at least 03-07-2015), Anaprox DS (since 03-24-3015), and Prilosec (since 03-24-3015). Robaxin is not noted in the medical records

reviewed until 08-20-2015. She denies side effects from her medications other than occasional stomach upset. The worker has an opioid treatment agreement which was reviewed with the worker. She has a home exercise program and is to continue with this. Prescriptions were given for Vicodin, Robaxin, Prilosec, and Anaprox. The individual is working. A request for authorization was submitted for Robaxin 750mg #60. A utilization review decision 09/04/2015 gave partial certification of Robaxin750mg # 20 to initiate downward titration and complete discontinuation of this medication.

### **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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants.

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

**Decision rationale:** The patient was injured on 11/14/08 and presents with neck pain, bilateral shoulder pain, and headaches. The request is for ROBAXIN 750 MG #60. There is no RFA provided and the patient is permanent and stationary. MTUS Guidelines, Muscle Relaxants Section, pages 63-66 for muscle relaxants (for pain) states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS Guidelines, Antispasmodics Section, pages 63-66, under antispasmodics 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. The patient has a limited cervical spine range of motion, tenderness over the bilateral posterior cervical paraspinal and bilateral upper trapezius musculature, muscle spasms, multiple myofascial trigger points, a limited bilateral shoulder range of motion, and tenderness over the anterior capsule and ipsilateral upper trapezius region. She is diagnosed with bilateral shoulders impingement syndrome, right shoulder rotator cuff tendinosis, possible ulnar neuritis of the right upper extremity, right middle trigger finger, and right ring trigger finger. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, MTUS recommends non-sedating muscle relaxants for a short period of time. In this case, the treater has requested for 60 tablets of Robaxin which does not indicate short-term use of this medication. Therefore, the requested Robaxin IS NOT medically necessary.