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| <b>Case Number:</b>   | CM15-0194721 |                              |            |
| <b>Date Assigned:</b> | 10/08/2015   | <b>Date of Injury:</b>       | 02/01/1992 |
| <b>Decision Date:</b> | 11/18/2015   | <b>UR Denial Date:</b>       | 09/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/05/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 48 year old male, who sustained an industrial injury on 2-1-1992. The injured worker is undergoing treatment for facet arthropathy, lumbar spondylosis, sacroiliitis, low back pain, lumbar degenerative disc disease (DDD), and chronic pain due to trauma and muscle spasms. Medical records dated 9-1-2015 indicate the injured worker complains of back pain radiating down the legs and described as shooting, stabbing, throbbing, dull, ache, numbness, piercing and sharp. Pain is rated 8 out of 10 without medication, 4 out of 10 with medication and an average of 5 out of 10 on average. Pain is decreased from 6-3-2015 exam where pain with medication and average was 7 out of 10. Physical exam dated 9-1-2015 notes pain on facet loading maneuvers and back joint pain. Treatment to date has included Norco, Vicoprofen, Robaxin since 6-3-2015, urine drug screens (all consistent with treatment), physical therapy, home exercise program (HEP), trigger point injections, acupuncture and chiropractic treatment. The original utilization review dated 9-17-2015 indicates the request for Vicoprofen 7.5mg/200mg tablets #240 is certified and Robaxin 500mg #135 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg QTY: 135: Upheld**

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

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

**Decision rationale:** The claimant has a remote history of a work injury occurring in February 1992 when he was involved in a motor vehicle accident while working as a Highway Patrol officer. Medications have included Robaxin prescribed since at least December 2014. When seen, he was continuing to perform a home exercise and stretching program. He had ongoing back pain with lower extremity radiating symptoms. Pain was rated at 4/10 with medications. Physical examination findings included a body mass index over 27. There was mild pain with lumbar range of motion. There was left sacroiliac and right sacral tenderness. There was pain with facet loading. Medications were refilled. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include Robaxin (methocarbamol). In this case, there is no identified new injury or exacerbation and Robaxin has been prescribed on a long-term basis. Ongoing prescribing is not considered medically necessary.