

<b>Case Number:</b>	CM15-0198155		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Emergency 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:

This is a 60 year old male who sustained a work-related injury on 2-21-13. Medical record documentation on 8-27-15 revealed the injured worker was being treated for chronic cervical strain, lumbar disc herniation with right lower extremity L5 radiculopathy, right scapular fracture, right and multiple rib fractures. He reported pain in the cervical spine, the lumbar spine, the bilateral shoulders and bilateral hips. He rated his cervical spine pain a 6 on a 10-point scale (6 on 7-20-15) with radiation of pain to the bilateral upper extremities. He rated his lumbar spine pain a 6 on a 10-point scale (6 on 7-20-15) with radiation of pain to the right lower extremity. He rated his right shoulder pain a 4-5 on a 10-point scale and his left shoulder pain a 6-7 on a 10-point scale (4 on 7-20-15). His bilateral hip pain was rated a 6 on a 10-point scale (left of 7 and right of 4 on 7-20-15). His medication regimen included Medrol Dosepak, Norco, and Robaxin (since at least 6-3-15). He reported that his pain level improved from an 8 on a 10-point scale to a 5-6 on a 10-point scale with his medications. Objective findings included tenderness to palpation over the cervical spine and the lumbar spine at the midline. He had tenderness to palpation over the paraspinal musculature and had an asymmetric loss of range of motion. His gait was very slow. His bilateral shoulder range of motion was flexion and abduction to 140 degrees and internal-external rotation to 70 degrees. He had a positive Hawkins's and Neer's impingement signs. His left hip was tender to passive internal and external range of motion. A request for Robaxin tablets 750 mg, Methocarbamol 750 mg #60 with no refills was received on 9-15-15. On 9-23-15, the Utilization Review physician determined Robaxin, Methocarbamol 750 mg #60, with no refills was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin, Methocarbamol 750 MG #60 1 tab by mouth every 8 hours as needed with 0 refills (20 day supply): 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 requested Robaxin, Methocarbamol 750 MG #60 1 Tab by mouth every 8 hours as needed with 0 refills (20 day supply), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAID's and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in the cervical spine, the lumbar spine, the bilateral shoulders and bilateral hips. He rated his cervical spine pain a 6 on a 10-point scale (6 on 7-20-15) with radiation of pain to the bilateral upper extremities. He rated his lumbar spine pain a 6 on a 10-point scale (6 on 7-20-15) with radiation of pain to the right lower extremity. He rated his right shoulder pain a 4-5 on a 10-point scale and his left shoulder pain a 6-7 on a 10 point scale (4 on 7-20-15). His bilateral hip pain was rated a 6 on a 10-point scale (left of 7 and right of 4 on 7-20-15). His medication regimen included Medrol Dosepak, Norco, and Robaxin (since at least 6-3-15). He reported that his pain level improved from an 8 on a 10-point scale to a 5-6 on a 10-point scale with his medications. Objective findings included tenderness to palpation over the cervical spine and the lumbar spine at the midline. He had tenderness to palpation over the paraspinal musculature and had an asymmetric loss of range of motion. His gait was very slow. His bilateral shoulder range of motion was flexion and abduction to 140 degrees and internal-external rotation to 70 degrees. He had a positive Hawkins's and Neer's impingement signs. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Robaxin, Methocarbamol 750 MG #60 1 tab by mouth every 8 hours as needed with 0 refills (20 day supply) is not medically necessary.