

<b>Case Number:</b>	CM15-0200268		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	12/16/2008
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 37 year old female who sustained an industrial injury on December 06, 2008. The worker is being treated for: low back injury and pain; degeneration of lumbar intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, lumbago, spondylosis. Subjective: February 05, 2015 "increasing low back pain." The pain is constant radiating into bilateral legs." "I can't currently exercise." May 29, 2015: "medications are helping to control her pain." Objective: February 05, 2015 lumbar flexion limited to 45 degrees due to moderate low back pain. Medication: February 05, 2015 prescribed Hysingla ER, initiated topical compound analgesia, initiate Naproxen. The worker is found allergic to: Flexeril, Tri-cyclic anti-depressants, Clonidine, Seroquel and Geodan. March 20, 2015: Prozac, Buspirone, Ativan, Abilify, Gabapentin, Robaxin, Anaprox. April 09, 2015: discontinued medications listed Methocarbamol, Robaxin, Tylenol EX, and Hysingla ER, and MS Contin noted initiated. May 29, 2015: refilled MS Contin both 15mg and 30mg along with continue current medications Prozac, Robaxin, MS Contin, Piroxicam. Treatment modality: activity modification, home exercises, aqua therapy, physical therapy, occupational therapy, chiropractic care, massage therapy, injection, medication both oral and topical. July 17, 2015 she underwent bilateral L4-5 and L5-S1 transforaminal epidural injection. In 2014 the worker noted going through detoxification. On September 18, 2015 a request was made for MS Contin 30mg #60 that was noncertified by Utilization Review on October 01, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg Three Times Per Day As Needed #90 + 4 Refills: 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:** MTUS CPMTG recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The documentation submitted for review indicates that the injured worker has been using this medication since at least 3/2015. There is no documentation of the patients' specific functional level or percent improvement with treatment with Robaxin. As it is recommended only for short-term use is not medical necessity. Furthermore, the requested 5 month supply is not appropriate.