

<b>Case Number:</b>	CM15-0201483		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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:

The injured worker is a 39 year old male, who sustained an industrial injury on 4-8-14. The injured worker was diagnosed as having lumbar radiculopathy, L2-3 herniated nucleus pulposus, left L2-3 foraminal disc herniation, secondary myofascial dysfunction with triggers, and cervical radiculopathy. Treatment to date has included a L3-4 epidural steroid injection on 8-27-15, a home exercise program, and medication including Voltaren, Robaxin, and Tylenol #3. Physical examination findings on 8-20-15 included spasms in the low back with positive trigger points at L4-5. A straight leg raise test was positive bilaterally and sensation was decreased in the right posterolateral thigh. The injured worker had been taking Robaxin since at least March 2015. On 8-20-15, the injured worker complained of low back pain with radiation to the right posterolateral leg. Neck pain with radiation to bilateral arms was noted. Low back spasms were also noted. On 5-7-15 the treating physician requested authorization for Robaxin 500mg #30. On 9-29-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg, #30:** 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 500mg, #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain with radiation to the right posterolateral leg. Neck pain with radiation to bilateral arms was noted. Low back spasms were also noted. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Robaxin 500mg, #30 is not medically necessary.