

<b>Case Number:</b>	CM15-0205553		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	10/26/2010
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Georgia

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 56 year old male, who sustained an industrial injury on October 26, 2010. He reported a pop in his lower back followed by severe pain. The injured worker was diagnosed as having lumbar strain and sprain and lumbar muscle spasm. Treatment to date has included diagnostic studies, bilateral branch block, surgery, physical therapy without benefit and medication. Lumbar epidural steroid injections were reported to help alleviate the pain in his buttocks. A spinal cord stimulator was noted to help "somewhat." Notes dated from October 29, 2010, indicated Robaxin medication for treatment. On August 31, 2015, the injured worker complained of low back pain rated at least a 3 and at worst an 8 on a 1-10 pain scale. The pain was described as sharp and dull. The injured worker noted that his medications were helpful to reduce his pain and were tolerated without side effects. Notes stated that treating physician was previously tapering his medications but the injured worker requested to "not make any changes today." On the day of exam, current medications were listed as Norco, Cymbalta, Tramadol and Robaxin. The treatment plan included medication refills, Ativan, work restrictions, continuation of spinal cord stimulator as needed and a follow-up visit. On October 8, 2015, utilization review denied a request for Robaxin 750mg #60.

### 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, 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:** Robaxin 750 mg #60 is not medically necessary. Per ODG, "Recommend 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." There is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The medical records indicate that the Robaxin was prescribed for musculoskeletal pain. Robaxin is recommended short-term use for myofascial pain or fibromyalgia; therefore, the claim is not medically necessary.