

<b>Case Number:</b>	CM15-0206825		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/10/2015
<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: 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:

This 59 year old male sustained an industrial injury on 1-30-13. Documentation indicated that the injured worker was receiving treatment for chronic low back pain. Recent treatment consisted of medication management and home exercise. Two progress reports were submitted for review. In a progress report dated 7-6-15, the injured worker complained of ongoing low back pain. The injured worker reported that he wanted to be released back to regular duty but could not due to flare-ups of pain. The injured worker "continued to do well" on Naproxen Sodium but wanted to try something that was once a day like Voltaren. Physical exam was remarkable for ongoing tenderness to palpation to the lumbar paraspinal musculature. Cervical magnetic resonance imaging (8-5-14) showed extensive degenerative disc disease with stenosis. The physician documented that magnetic resonance imaging lumbar spine (10-28-13) showed multilevel facet hypertrophy with moderate stenosis. The treatment plan included a prescription for Voltaren. In a progress note dated 9-28-15, the injured worker reported that he was trying to physical therapy stretches and walking for exercise; however, he continued to get occasional myofascial spasms to the lumbar spine. The injured worker wanted a muscle relaxer to take on an as needed basis for spasms. The injured worker stated that he was not taking the Voltaren. Objective findings were documented as "no significant change". The treatment plan included a new prescription for Robaxin. On 10-10-15, Utilization Review noncertified 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:

**Retro: Robaxin 750mg #60 DOS: 9/28/15:** 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 sustained a work injury in January 2013 and is being treated for persistent low back and lower extremity pain, neck and upper extremity symptoms, and chronic myofascial pain. Through March 2015 Zanaflex had been prescribed on a long-term basis. When seen in September 2015, he was having occasional lumbar myofascial spasms. Physical examination findings included were unchanged with the prior assessment in July 2015 documenting ongoing lumbar paraspinal muscle tenderness. Robaxin 750 mg # 60 x 2 refills was prescribed for spasms and myofascial pain. Robaxin is a muscle relaxant in the antispasmodic class. Although its mechanism of action is unknown, it appears to be related to central nervous system depressant effects with related sedative properties. 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. Its efficacy may diminish over time, and prolonged use may lead to dependence. Although used to decrease muscle spasm, these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. In this case, there were no findings of muscle spasms by physical examination. A three month supply was provided and muscle relaxant medication had previously been prescribed on a long-term basis. The request is not considered medically necessary.