

<b>Case Number:</b>	CM15-0210688		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	03/06/2009
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 33 year old female who sustained an industrial injury on 03-06-2009. According to a progress report dated 09-18-2015, the injured worker was seen in follow-up with persistent pain in the lower back that was rated 9 on a scale of 1-10 and was "worse". She could not stand up erect and was walking with a "severe" antalgic gait pattern. She was tearful during the consultation due to severe pain. She was considering going to the emergency room. Pain radiated down the left buttocks into the leg. Motrin and Flexeril were not authorized the previous month, and she was only taking over-the counter Tylenol which brought pain from a 9 down to 7 or 8. She also reported "severe" pain in the tail bone. She had completed 3 out of 12 physical therapy sessions. Due to the flare-up, she could not tolerate the therapy secondary to pain. She was very guarded. Pain was made worse with activities. Examination of the lumbar spine revealed decreased range of motion in all planes. Straight leg raise was positive bilaterally, right greater than left at 60 degrees to posterior thigh. There was decreased sensation over the left lower extremity as well as decreased strength 4 out of 5 at L4 and L5 but normal at S1. There was tenderness to the paraspinals left greater than right with hypertonicity over the left paraspinals. Diagnoses included chronic cervical strain with bilateral chronic trapezial strain, acute lumbar strain rule out disc herniation with left lower extremity radicular pain worsening and flare-up, worsening lumbosacral pain with radiation into the bilateral lower extremities right greater than left, chronic bilateral knee strain with patellofemoral pain resolving, bilateral carpal tunnel syndrome resolving, bilateral feet swelling and pain, multiple myofascial overuse syndrome, stomach upset, gastrointestinal issues, sleep disorder, headaches and anxiety resolved.

Written prescriptions were provided for Ibuprofen, Tramadol and Robaxin. KeraTek Gel was dispensed. Work status included modified work unless restricted duty was not available. On 09-30-2015, authorization was requested for Ibuprofen, Tramadol, Robaxin and a urine toxicology screen. On 10-06-2015, Utilization Review non-certified the request for Robaxin (Methocarbamol) 750 mg #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Robaxin (methocarbamol) 750mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 9/2015. 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, medical necessity cannot be affirmed.