

<b>Case Number:</b>	CM15-0215665		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	08/24/2006
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on 8-24-06. Medical records indicate that the injured worker is undergoing treatment for right carpal tunnel syndrome, mild left cubital tunnel syndrome, cervical pain, cervical disc disorder, spasm of muscle and left carpal tunnel release surgery. The injured workers current work status was not identified. On (9- 3-15) the injured worker reported significant improvement in the numbness of the left hand and fingers following a recent carpal tunnel release. The injured worker also noted ongoing numbness in the right hand and fingers. Objective findings revealed decreased sensation to light touch on the right small and ring finger. A Tinel's sign, compression sign and Phalen's sign were positive in the right wrist. Sensation to light touch of the left thumb and long fingers was good. Slight tenderness was noted over the right forearm and wrist. Treatment and evaluation to date has included medications, electrodiagnostic studies and a left carpal tunnel release on 6-25-15. Current medications include Lisinopril, Atenolol, aspirin, oxycodone and Robaxin (since at least June of 2015). The Request for Authorization dated 9-15-15 included a request for Robaxin twice daily as needed #60. The Utilization Review documentation dated 10-2-15 non-certified the request for Robaxin twice daily as needed #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg, take one twice daily as needed #60: 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 states regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP and...they show no benefit beyond NSAIDs in pain and overall improvement. Also 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 Methocarbamol has been prescribed since at least June 2015, which exceeds what would be considered short-term treatment. Medical documents also do not indicate what first-line options were attempted and the results of such treatments. Additionally, records do not indicate functional improvement with the use of this medication or other extenuating circumstances, which is necessary for medication usage in excess of guidelines recommendations. As such, the request is not medically necessary.