

<b>Case Number:</b>	CM15-0221729		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 female, who sustained an industrial injury on November 5, 2012, incurring right shoulder and right upper extremity injuries. She was diagnosed with a right shoulder sprain and tendinosis. Treatment included physical therapy, steroid injections, anti-inflammatory drugs, muscle relaxants, and activity restrictions. She underwent shoulder surgery in June, 2014 but continued with residual pain. Currently, she complained of persistent right shoulder and neck pain radiating into the arms and down the fingers. She noted numbness and tingling in the left arm with hand weakness. She rated her pain 5 out of 10 on a pain scale from 0 to 10. The shoulder pain was made worse with pushing, pulling and lifting above shoulder level and made better with rest and medications. On October 15, 2015 she states she feels she is becoming tolerant to the baclofen since she is now taking it 3 times a day (has been on since at least April of 2015). The treatment plan that was requested for authorization included a prescription for Robaxin 500 mg #60. On October 28, 2015, a request for a prescription for Robaxin was denied 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 # 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:** Regarding the request for methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the baclofen. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Robaxin 500mg # 60 is not medically necessary.