

<b>Case Number:</b>	CM15-0037018		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	12/01/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 50 year old male, who sustained an industrial injury on December 1, 2013. He has reported a left arm injury from cumulative trauma. The diagnoses have included left elbow and left extremity pain. Treatment to date has included medications, imaging, cervical pillow, electrodiagnostic studies, and 30 day trial of transcutaneous electrical nerve stimulation unit. Currently, the Injured Worker complains of increased pain since his previous visit. He rates his pain as 4/10 with medications, and 6/10 without medications. He indicates work is becoming more difficult to tolerate, and prolonged sitting increased in low back pain. Physical findings revealed are limited cervical spine range of motion, negative cervical facet loading, restricted lumbar spine range of motion due to pain, negative straight leg raise testing, and decreased light touch sensation on the left forearm. There is a report of 20% reduction in muscle spasms with the use of Robaxin. On January 30, 2015, Utilization Review non-certified Robaxin 750mg, #30. The MTUS, Chronic Pain Medical Treatment guidelines were cited. On February 2, 2015, the injured worker submitted an application for IMR for review of Robaxin 750mg, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750 MG Qty 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Robaxin 750mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical radiculopathy; disc disorder cervical; and low back pain. A progress note dated August 17, 2014 indicates Robaxin was last refilled July 7, 2014. The treating physician has prescribed Robaxin consistently through the present. A urine drug test showed Ethyl sulfate (possible source ethyl alcohol). The treating physician did not discuss this inconsistency in the urine drug toxicology screen in the medical record. Objectively, there was no documentation of muscle spasm. There is no documentation of objective functional improvement with ongoing Robaxin. Robaxin is a muscle relaxant indicated for short-term (less than two weeks) treatment of acute low back pain or short-term acute exacerbation in chronic low back pain. The treating physician has exceeded the recommended guidelines for short-term use. Consequently, absent compelling clinical documentation with objective functional improvement in the absence of muscle spasm on physical examination, Robaxin 750 mg #30 is not medically necessary.