

<b>Case Number:</b>	CM15-0045086		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	01/28/2003
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 January 28, 2003. He has reported left shoulder pain, left elbow pain, and left wrist pain and has been diagnosed with shoulder pain, elbow pain, and extremity pain. Treatment has included surgery and medications. Currently the injured worker complains of left shoulder, left elbow, and left wrist pain. The treatment request included Robaxin 500 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg, #60 (2x a day as needed): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain. There is no evidence that muscle relaxers are beneficial in shoulder, wrist or elbow pain, as this

patient exhibits. Muscle relaxants may be of benefit in reducing pain and muscle tension and increasing mobility in low back pain. Muscle relaxants show no benefit beyond or in combination with NSAIDs. Efficacy of muscle relaxers diminishes over time and prolonged use of some medications in the class may lead to dependence. Sedation is a common adverse effect of muscle relaxers and caution must be used when operating vehicles or heavy machinery. Drugs with the most limited published clinical effectiveness include Robaxin. (Chou, 2004) PRN use of a muscle relaxant to treat chronic joint pain is not medically necessary.