

<b>Case Number:</b>	CM15-0088263		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	05/31/2007
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Arizona, Texas

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 43 year old female injured worker suffered an industrial injury on 05/31/2007. The diagnoses included chronic cervicgia, cervical degenerative disc disease with fusion, bilateral cervical radicular symptoms, insomnia carpal tunnel syndrome and depression. The diagnostics included cervical magnetic resonance imaging. The injured worker had been treated with carpal tunnel release, medications, aquatic therapy, and TENS unit. On 3/10/2015 the treating provider reported tenderness to the thoracic spine and cervical spine. The treatment plan included Robaxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500 mg Qty 90, take 1 by mouth 3 times daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Opioids Page(s): 64-66; 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

**Decision rationale:** According to the MTUS section on chronic pain muscle relaxants (such as robaxin) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case the patient has been taking robaxin for longer than the recommended amount of time. Due to the potential for adverse side effects from prolonged use of muscle relaxants, the continued use is not medically necessary.