

<b>Case Number:</b>	CM14-0127006		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 30-year-old male who reported injury on 08/27/2011. The mechanism of injury was not provided. The injured worker's diagnoses included neck pain, low back pain, bilateral TMJ, reflux problems due to NSAID use, and chronic pain. The injured worker's past treatments included medications. On the clinical note dated 07/10/2014, the injured worker complained of neck and low back pain rated 8/10 currently, 4/10 with medication, able to work full time with medication, average pain 4/10 to 5/10, flare-up of 8/10 to 10/10 at least 3/10. The injured worker had tenderness to cervical and lumbar paraspinal muscles. The injured worker's medications included tramadol 50 mg 1 as needed daily, amitriptyline 10 mg 1 to 2 a day, Imitrex 50 mg as needed, Robaxin 750 mg 1 to 2 a day. The request was for Robaxin 750 mg twice a day #120 retro 07/10/2014. The rationale for the request was not provided. The Request for Authorization Form was submitted on 07/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Robaxin 750mg. B.I.D. #120 7/10/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

**Decision rationale:** The request for retro Robaxin 750 mg BID #120 07/10/2014 is not medically necessary. The injured worker is diagnosed with neck pain, low back pain, bilateral TMJ, and reflux problems due to NSAID use and chronic pain. Injured worker complained of low back pain rated 3/10 to 8/10. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Robaxin is recommended for a short course of therapy. The medication is not recommended to be used for longer than 2 to 3 weeks. The request is for a quantity of 120 pills, with 2 a day that would be a 2 month supply which exceeds the guidelines recommendation of 2 to 3 weeks. There is a lack of documentation that indicates the injured worker has decreased functional deficits. As such, the request for retro Robaxin 750 mg BID #120 07/10/2014 is not medically necessary.