

<b>Case Number:</b>	CM14-0140457		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/11/2003
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A primary treating physician progress report (PR2) from October 23, 2013, indicates complaints of back pain. There is reported discomfort and burning sensation all over. The insured also has neck pain and bilateral shoulder pain. The physical examination indicated cervical posture was preserved with no splinting and there was exquisite tenderness over the cervical paravertebrals, trapezius and intrascapular area. Flexion and extension was somewhat restricted and painful. Neer's and Hawkin's are positive bilaterally. Gait was normal. The PR2 of 04/30/14 indicated medications of Norco, Overax and Tizanidine. It indicated a condition of cervical sprain, bilateral shoulder sprain, lumbar sprain and anxiety and stress. PR2 dated July 23, 2014, indicated follow-up for ongoing back pain. Medications were reported to "help the insured to be functional and working." An examination noted tenderness in the cervical paravertebrals, trapezius, and intrascapular area with flexion and extension close to normal in the cervical spine. Cervical compression was negative. Spurling's test was noted as negative. There was tenderness in the bilateral AC joints and subacromial space. Sensation was intact with tenderness noted in the L4-L5 region. Treatment recommendations included Norco, Motrin and Zanaflex for muscle relaxation. The PR2 on 07/23/14 recommended Robaxin, Valium, acupuncture, Norco with the Medrol Dosepak.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg 2 times daily #60: 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, Page(s): 63, Postsurgical Treatment Guidelines.

**Decision rationale:** Muscle relaxants are recommended under MTUS guidelines for only short term use as efficacy appears to diminish over time. The medical records provided for review report ongoing muscle spasm with recommendations for treatment with various muscle relaxants - Zanaflex, Valium, and Robaxin. However, the medical records do not reflect the length of time the medications have been used or objectively qualify or quantify the degree of improvement from any of the medications for muscle spasm. As MTUS supports that efficacy appears to diminish over time with this class of medications and the medical records do not support objective functional benefit, the medical records do not support the use of Robaxin for the injured. Therefore the request is not medically necessary.