

<b>Case Number:</b>	CM14-0160804		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	02/07/1997
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 and is licensed to practice in California. 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 63-year-old female who sustained an injury on 2/7/97. As per 8/25/14 report the patient presented with bilateral neck pain and low back pain. The pain was rated at a 7-day average of 10/10. Examination revealed cervical and lumbar trigger points to palpation, with positive twitch sign and referred myofascial pain. She is currently on Ambien, Relpax, Lidocaine, Nabumetone, Gabapentin, Lansoprazole, Tramadol HCL, Methocarbamol, nortriptyline, calcium, and vitamin D. Previous treatments have included activity modification, medications, trigger point injections and aquatic therapy. In general the pain medications provide 50% pain relief or more and allow increased exercise capacity. There were no untoward side effects and no evidence of abuse/aberrant use noted. She has had to stop working due to pain and attributes this to cervical pain and spasming, headaches, migraines and lumbar pain and left sciatica. She indicated worsening cervical and lumbar pain and spasming. She has had her antispasmodics denied, and her gabapentin and nortriptyline and NSAIDS were increased but she is reporting dry mouth and some sedation, but her spasms go on unabated. She has been using Methocarbamol for acute muscle spasms and increased cervical and lumbar pain, for acute pain and spasms failing NSAIDS, nortriptyline, gabapentin (but responding to methocarbamol). Diagnoses include cervical disc degeneration, lumbar or lumbosacral disc degeneration, encounter for long-term use of other medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol (1-2 daily, as needed (prn); dispense #30): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Robaxin, Page(s): 63-65.

**Decision rationale:** According to the CA MTUS guidelines, muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The mechanism of action of Methocarbamol (Robaxin) is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. In this case, there is no documentation of substantial spasm unresponsive to first line therapy. Furthermore, there is no evidence of any significant functional improvement with prior use. Therefore, the request is not considered medically necessary according to the guidelines.