

<b>Case Number:</b>	CM14-0180513		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	07/19/1999
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & Pain Management 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:

51year old female injured worker with date of injury of 7/19/99, with related back pain. Per progress report dated 9/22/14, the injured worker complained of pain rated 7/10. Per physical exam, there was bilateral lumbar paravertebral tenderness and sciatic joint tenderness. Her diagnoses included lumbosacral spondylosis without myelopathy and postlaminectomy syndrome of cervical region. Treatment to date has included chiropractic manipulation, physical therapy, and medication management. The date of UR decision was 10/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg tablet sig: take 1 tab tid qty: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants.

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

**Decision rationale:** MTUS CPMTG recommends non-sedating muscle relaxants 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. The documentation submitted for review indicates that the injured worker was treated with this medication during progress reports dated 7/2014 and 8/2014. There was no documentation of spasm. As Robaxin is recommended for short-term treatment, the request is not medically necessary.