

<b>Case Number:</b>	CM14-0092572		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/26/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Interventional Spine 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 patient is a 32 year old male with an injury date on 04/26/2009. Based on the 05/06/2014, progress report provided by [REDACTED], the diagnoses are; middle back pain that is most consistent with thoracic myofascial pain in a fairly broad pattern with postural dysfunction and chronic left low back pain, seemingly myofascial in nature, rule out zygapophyseal joint pain. According to this report, the patient presents with middle back pain with spasm. Tension is noted across the cervical, thoracic, and lumbar paraspinals muscles. Cervical range of motion is slightly restricted. Lumbar range of motion is mild restricted. There were no other significant findings noted on this report. The utilization review denied the request on 05/20/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/16/2014 to 08/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DOS 5/6/2014, Robaxin 500 mg, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Muscle relaxants (for pain) Page(s): 64, 63.

**Decision rationale:** Muscle relaxants (for pain) page 64- 63. According to the 05/06/2014 report by [REDACTED] this patient presents with middle back pain with spasms. The treating physician retro requested Robaxin 500mg #180 with a date of service on 05/06/2014. The utilization review letter state "modified to allow for a 30 day trial." For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation 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 showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treating physician is requesting Robaxin #180; Robaxin is not recommended for long term use. Therefore, the request is not considered medically necessary.