

<b>Case Number:</b>	CM15-0118477		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	12/08/2005
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 67 year old female who sustained an industrial injury on 12/08/2005. Mechanism of injury was a slip and fall. Additional dates of injury occurred in 1997, May 10, 1999, January 20, 2002, and April 4, 2004. Diagnoses include knee pain, hand pain, chronic pain and myalgia and myositis. Treatment to date has included diagnostic studies, medications, physical therapy, epidural steroid injections, wrist brace, home exercise program; status post left wrist surgery and carpal tunnel release on 01/02/2015. Her current medications include OxyContin, Percocet, Ambien, Celebrex, Neurontin and Robaxin. A physician progress note dated 05/11/2015 documents the injured worker's pain is worse today. She had a lumbar epidural steroid injection which was not helpful. She was unable to obtain some of her medications last month and her pain is worse. Her medications are helpful and her pain is tolerable with her medications. She takes OxyContin for pain and Percocet for breakthrough pain. She also takes Ambien for insomnia associated with chronic pain. Her pain is in her shoulders, wrists and knees and is described as aching and stabbing. She rates the pain as 9 out of 10 on the Visual Analog Scale without her medications and with her medications her pain is 4 out of 10. Her pain is improved 50% on her medications as shown on her Visual Analog Scale. Her pain medications decrease her pain and increase her function. She ambulates with an antalgic gait. She has diffuse tenderness in both shoulders, left greater than right, and limited painful range of motion. Hawkins sign and Neer's sign are positive bilaterally. She has diminished sensation on the second, third, and fourth fingers of the right hand. Phalen's and Tinel's sign is positive bilaterally. She has tenderness to palpation at the medial and lateral joint

lines bilaterally. A urine drug screen was done on 04/13/2015 and it was positive for hydrocodone which she does not take, she is unsure why it was positive for it. Her previous urine toxicology was consistent. Treatment requested is for Robaxin 500mg Qty: 90.00

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Robaxin 500mg Qty: 90.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

**Decision rationale:** According to MTUS guidelines, Robaxin, a non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm or that he was experiencing an acute exacerbation of pain. There is no clear documentation of the efficacy of previous use of Robaxin (the patient had been prescribed Robaxin on an ongoing basis for long time). The request for Robaxin 500mg #90 is not medically necessary.