

<b>Case Number:</b>	CM15-0126614		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	09/19/2002
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 57 year old female, who sustained an industrial injury on 9/19/02. The diagnoses have included chronic neck pain, status post cervical fusion, post laminectomy syndrome, radicular symptoms in the arms, myofascial pain and trigger points. Treatment to date has included medications, diagnostics, activity modifications, surgery, hypnosis, acupressure, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 6/4/15, the injured worker has been treating for chronic neck pain of almost 13 years and her condition has been stable. She reports pain level of 7/10 on pain scale which is unchanged. She reports that she requires her medications to achieve adequate pain control. It is noted that the Norco has been reduced from 120 pills per month to 75 pills per month and she is unable to reduce any further without increased pain. She reports that she has radiating symptoms down the arms. The objective findings reveal moderate restriction in range of motion of the cervical spine in all directions, tenderness and increased tone at the base of the neck bilaterally, and increased tone in the trapezius muscles with trigger points present in the trapezius muscles and base of the neck. The current medications included Fentanyl patch, Robaxin, Gabapentin and Norco. There is no previous urine drug screen reports noted. The physician requested treatment included One (1) prescription of Robaxin 500mg #60 for chronic neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Robaxin 500mg #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.

**Decision rationale:** According to the MTUS guidelines, Robaxin is a muscle relaxant that is to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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 claimant had been on other muscle relaxants including Tizanidine since 2012. Long-term use of this category of medications is not indicated. The claimant was provided Robaxin with opioids. The Robaxin is not medically necessary.