

<b>Case Number:</b>	CM15-0129401		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	03/14/2010
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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 42 year old male, who sustained an industrial injury on March 14, 2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post bilateral cervical five to six and bilateral cervical six to seven facet joint radiofrequency nerve ablation (neurotomy with rhizotomy), bilateral cervical joint pain at cervical five to six and cervical six to seven as confirmed by a bilateral cervical five to six and right cervical six to seven facet joint medial branch block, bilateral cervical facet joint pain at cervical five to six, cervical six to seven, and cervical seven to thoracic one, central disc protrusion at cervical five to six with mild central stenosis and moderate right with mild left neural foraminal stenosis, moderate to severe neural foraminal stenosis at cervical six to seven, central disc protrusion at cervical three to four with mild central stenosis and mild right neural foraminal stenosis, status post cervical four to five artificial disc replacement, and cervical facet joint arthropathy. Treatment and diagnostic studies to date has included medication regimen and above noted procedures. In a progress note dated June 08, 2015 the treating physician reports complaints of bilateral lower neck pain and interscapular pain with the treating physician noting the injured worker to have a 50% worse cervical range of motion secondary to an increase in spasms. Examination reveals restricted cervical range of motion, spasms to the cervical spine, tenderness to the bilateral cervical paraspinal muscles over the cervical five to seven facet joints, positive provocative maneuvers to the cervical discogenic and facet joint, and spasms to the neck and the trapezius muscles. The injured worker's medication regimen included Avodart, Robaxin, Flector Patch, Norco,

Ibuprofen, Finasteride, and Tramadol ER. The treating physician requested the medication of Robaxin 750mg one tablet by mouth four times a day as needed for spasms with a quantity of 120 for 3 refills with the treating physician noting that this medication provides 50% improvement of the injured worker's spasms, 50% improvement of the injured worker's activities of daily living, and also notes the injured worker to have an up to date pain contract with no aberrant behaviors noted.

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

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

**Robaxin 750mg #120 x 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 750mg #120 x 3 refills is not medically necessary.