

<b>Case Number:</b>	CM15-0130754		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	12/01/1999
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 56 year old male, who sustained an industrial injury on 12-1-99. The injured worker was diagnosed as having cervical post-laminectomy syndrome, nonunion fracture, and degeneration of cervical intervertebral disc. Treatment to date has included a right sacroiliac joint injection, C5-6 anterior cervical discectomy and fusion, and medication including Percocet, Fetzima, and Robaxin. Physical examination findings on 6-9-15 included pain to palpation over the L4-5 and L5-S1 facet capsules. Pelvic thrust, Faber's maneuver, Gainslen's maneuver, Patricks's maneuver, and pelvic rock maneuver were positive bilaterally. On 5-28-15 pain was rated as 5 of 10. The injured worker had been taking Robaxin since at least May 2015. On 6-9-15, the injured worker complained of back pain with radiation to bilateral lower extremities rated as 8 of 10. The treating physician requested authorization for Robaxin 500mg. On 6-18-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg 1 PO TID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** MTUS states regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP and...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 medical records indicate that Methocarbamol has been prescribed since before 5/15, which exceeds what would be considered short-term treatment. Medical documents also do not indicate what first-line options were attempted and the results of such treatments. Additionally, records do not indicate functional improvement with the use of this medication or other extenuating circumstances, which is necessary for medication usage in excess of guidelines recommendations. Lastly the quantity is not specified. As such, the request for Robaxin 500mg is deemed not medically necessary.