

<b>Case Number:</b>	CM15-0025303		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 46 year old female, who sustained an industrial injury on 1/29/2010. The current diagnoses are lumbar disc degeneration L4-5 and L5-S1, lumbar stenosis at L4-5, lumbar facet arthropathy at L4-5 and L5-S1, chronic lumbago, chronic intractable pain, and intermittent lumbar radiculopathy. The 2010 MRI of the lumbar spine showed multilevel degenerative disc disease, disc bulges and facet arthropathy. Currently, the injured worker complains of low back pain. The pain score is rated at 3/10 with medications and 8/10 without medications on a scale of 0 to 10. The physical examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles, bilaterally. The gait, range of motion of the lumbar spine, motor power of the lower extremities sensory tests are noted to be normal. Current medications listed are Norco, Soma, Robaxin, Flector, Genicin, and Metformin. Treatment to date has included medications. The treating physician is requesting Robaxin 500mg #60, which is now under review. On 1/23/2015, Utilization Review had non-certified a request for Robaxin 500mg #60. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin, Relaxin, generic available), Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term periods during exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized muscle relaxant medications for many years. The guidelines recommend that the duration of use be limited to 4 to 6 weeks. The patient is also utilizing opioids and other sedatives. The documented objective findings did not indicate muscle spasm or exacerbation of musculoskeletal pain. The criteria for the use of Robaxin 500mg #60 was not met.