

<b>Case Number:</b>	CM15-0026912		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 40 year old male, who sustained an industrial injury on April 20, 2012. He reported right knee pain. The injured worker was diagnosed as having neuralgia, neuritis and radiculitis not otherwise specified; pain in joint of lower leg; and pain in joint of multiple sites. Diagnostics to date has included x-rays, MRI, and urine drug screening. Treatment to date has included medications including work modifications, physical therapy, a knee brace, short-acting and long acting opioids, and topical pain. On January 28, 2015, the injured worker complains of chronic, aching and burning pain of the right knee. Pain medication and injection therapy have partially relieved his pain. Periods of increased activity causes worsening of his pain. The physical exam revealed gait, movements, and neurological assessment were within baseline for their level of function. The injured worker was given a non-steroidal anti-inflammatory injection during the visit. The treatment plan includes a prescription for Robaxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Robaxin 500mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

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

**Decision rationale:** Robaxin is a muscle relaxant. According to the guidelines, non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. 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. In this case, the claimant had already been on anti-inflammatories in the past. In addition, the claimant had been on opioids and topical analgesics. The addition of Robaxin with extended amount of 90 tabs is not indicated and not medically necessary.