

<b>Case Number:</b>	CM15-0060310		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Texas, 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:

This is a 36 year old male patient, who sustained an industrial injury on 9/20/2010. Diagnoses include right shoulder pain, status post arthroscopic acromioplasty, SLAP repair and debridement, and anxiety disorder. Per the doctor's note dated 3/2/2015, he had complained of shoulder pain rated 3-4/10 VAS with medication. The physical examination revealed the right arm in a sling with moderate discomfort. The medications list includes robaxin, norco, restoril, cymbalta and biofreeze topical roll on gel. He has undergone shoulder arthroscopic surgery. He has had physical therapy visits for this injury. The plan of care included continuation of medication therapy and continued post operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Robaxin 750 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64, 65.

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

**Decision rationale:** Request: Retrospective Robaxin 750 mg #60. Robaxin contains Methocarbamol, which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. Patient is not in the acute post operative phase. Patient is taking robaxin since long time. The level of the pain with and without medications is not specified in the records provided. The need for robaxin on a daily basis with lack of documented improvement in function is not fully established. Muscle relaxants are not recommended for long periods of time. Evidence of muscle spasm is not specified in the records provided. The medical necessity of retrospective Robaxin 750 mg #60 was not established for this patient at this juncture and is not medically necessary.

**Retrospective Retoril 30 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Request: Retrospective Retoril 30 mg #30. Temazepam is a benzodiazepine. According to MTUS guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Response to other, non-pharmacological measures for the treatment of insomnia was not specified in the records provided. Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. The medical necessity of retrospective Retoril 30 mg #30 was not established for this patient and is not medically necessary.