

<b>Case Number:</b>	CM15-0062287		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 48-year-old who has filed a claim for neck pain, traumatic brain injury, chronic low back pain, with derivative complaints include neurogenic bowel and bladder reportedly sustained in an industrial injury of March 30, 2012. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve a request for methocarbamol (Robaxin). The claims administrator referenced a March 25, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a psychiatry note dated January 9, 2015, the applicant reported various issues, including depression, anxiety, tearfulness, insomnia, low energy level, and erectile dysfunction. The applicant was apparently using a walker to move about. The applicant had developed tetraparesis following an alleged cervical spinal cord injury. On December 16, 2014, a medical-legal evaluation noted that the applicant was off of work, on total temporary disability, did have issues with immobility, and was using Home Health Services. The applicant's medication list included Flomax, Cialis, Viagra, terazosin, Dantrolene, Robaxin, Cymbalta, Colace, meclizine, Prilosec, Klonopin, lidocaine, and Imitrex, it was acknowledged. The applicant was using a walker. The applicant reported issues with weakness about the left leg. The applicant had apparently alleged issues with neurogenic bladder and cognitive impairment. Neck, mid back, and low back pain were all reported. The medical-legal evaluator acknowledged that the applicant would remain off work. The applicant apparently had upper motor neuron signs on exam, including clonus/spasticity. In an RFA form dated March 25, 2015, 18 sessions of physical therapy, Norco, and baclofen were endorsed. It was stated the applicant had issues with incomplete cervical spinal cord injury and a historical

C2 fracture with residual issues with spasticity and myoclonus. Medication efficacy was not detailed. Clinical progress note was not seemingly attached. On February 5, 2016, the applicant was apparently using Cialis, Flomax, Hytrin, Dantrium, Norco, Robaxin, baclofen, Cymbalta, Colace, meclizine, Ativan, Viagra and Limbrel. Norco and baclofen were endorsed. It was stated that the baclofen was endorsed owing to the applicant's heightened complaints of spasticity.

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

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

**Methocarbamol 750mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS; Functional Restoration Approach to Chronic Pain Management Page(s): 65; 7.

**Decision rationale:** No, the request for methocarbamol (Robaxin) was not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antispasmodics such as Robaxin can be employed to decrease muscle spasms in conditions such as low back pain or, by analogy, the spasticity associated with spinal cord injuries, as appears to be present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of medications and by further commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider failed to state whether or not ongoing usage of Robaxin was or was not beneficial. The attending provider likewise failed to reconcile the applicant's continued usage of baclofen with concurrent prescriptions for two other antispasmodics, namely dantrolene and baclofen. It was not clear whether the applicant was actively using methocarbamol (Robaxin), nor was it clearly established that Robaxin was effectively attenuating the applicant's issues with spasticity. Therefore, the request was not medically necessary.