MAXIMUS Federal Services

| Case Number: | CM15-0065183 | | |
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| Date Assigned: | 04/13/2015 | Date of Injury: | 01/14/2013 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/30/2015 |
| Priority: | Standard | Application Received: | 04/06/2015 |

## 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 34 year old female, who sustained an industrial injury on 1/14/2013. The current diagnoses are low back pain, lumbar radiculopathy, and lumbar disc herniation. According to the progress report dated 3/17/2015, the injured worker complains of constant bilateral low back pain with radiation down both legs, right worse than left. Additionally, she reports numbness and tingling in the bilateral toes and stabbing pain in the bilateral heels. She describes the pain as aching, stabbing, and throbbing. The pain is rated 8/10 on a subjective pain scale. The current medications are Norco and Robaxin. Treatment to date has included medication management, MRI studies, heat/cold therapy, home exercise program, chiropractic, lumbar epidural steroid injection, and right sacroiliac injection. Per notes, she is scheduled for electrodiagnostic studies on 4/17/2015. The plan of care includes prescription refills for Robaxin and Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient was injured on 01/14/2013 and presents with lumbar spine pain. The request is for ROBAXIN 500 mg. The RFA is dated 03/17/2015, and the patient is on modified work duty. The report with the request is not provided. The patient is diagnosed with lumbosacral spine sprain/strain, lumbar disk herniation at L5-S1 with spondylosis and restenosis, rule out L5-S1 radiculopathy, and rule out sacroiliac arthritis. The patient rates her pain as a 10/10, has tenderness of the lumbar paraspinals bilaterally, a limited range of motion, and describes her pain as aching, sharp, stabbing, throbbing, and radiating. MTUS, pages 63-66 for muscle relaxants (for pain) states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS, pages 63-66, under antispasmodics for methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. In this case, the treater is requesting for 60 tablets of Robaxin. None of the reports mentioned if the patient is taking Robaxin and the report with the request is not provided. MTUS guidelines recommend non-sedating muscle relaxants for short-term use. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. It is unclear if this patient is to be utilizing this medication on a long-term basis. Therefore, the requested Robaxin IS NOT medically necessary.