

<b>Case Number:</b>	CM15-0094808		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 63 year old female, who sustained an industrial injury on 2/18/2009. The mechanism of injury is not indicated. The injured worker was diagnosed as having lower leg joint pain. Treatment to date has included medications, chiropractic treatment, total right knee replacement (3/3/2012), and arthroscopy left knee surgery. The request is for Robaxin. The records indicate she had been utilizing Robaxin prior to 10/20/2014. On 10/20/2014, she is reported to be using Robaxin as needed, and was able to reduce its use after chiropractic treatment, and that it helps with pain and sleep. On 1/12/2012, she was seen for bilateral knee pain. She denied any acute changes from her last visit. She reported continued feelings of weakness in her legs and increased difficulty with walking as her legs get tired easily. She indicated her pain is worse when walking on uneven ground, bending, or stooping, and improved with rest, elevation and medications. She is taking over the counter Aleve and Robaxin for pain. She indicated she takes Robaxin at bedtime as needed and it helps to improve her pain and allows her to sleep more comfortably. On 4/13/2015, she has continued bilateral knee pain. She also has continued low back pain. She continues to utilize Robaxin at bedtime and indicated this provided her with 50% decrease in pain. Her musculoskeletal strength is noted to be for the right leg: flexion 4/5, extension 4/5; and for the left leg: flexion 3/5, extension 3/5, and ankle dorsiflexion 4/5. Tenderness is noted to both knees. The treatment plan included: chiropractic treatment, x-rays of the knees, TENS unit replacement supplies, and Robaxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg Qty: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

**Decision rationale:** According to MTUS guidelines, Robaxin, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm and the continuous use of a muscle relaxant is not justified. There is no clear documentation of the efficacy of previous use of Robaxin. Therefore, the request of Robaxin 500mg is not medically necessary.