Medicines Optimisation Programme Board (MOPB)

Drug	**Methocarbamol**
Brands	Robaxin®
Decision	West Essex CCG **does not** recommend Methocarbamol as a short-term adjunct to the symptomatic treatment of acute musculoskeletal disorders associated with painful muscle spasms for prescribing in Primary or Secondary Care.
Date	25/07/2019
Evidence	*The BNF states Methocarbamol is "Less suitable for prescribing" which applies to preparations that are considered by the Joint Formulary Committee to be less suitable for prescribing.*[1] *Methocarbamol is licensed as a short-term adjunct to the symptomatic treatment of acute musculoskeletal disorders associated with painful muscle spasms.* *The usual dose in adults is 2 tablets four times daily, but therapeutic response has been achieved with doses as low as 1 tablet three times daily.*[2] *However, Clinical Knowledge Summaries do not list it as a treatment option for muscle spasm in low back pain, and it is not mentioned in NICE guidelines NG59 Low back pain and sciatica in over 16s: assessment and management.* *Methocarbamol's efficacy in other musculoskeletal conditions has not been investigated in rigorous RCTs.* *Side effects include anxiety, confusion, drowsiness, dizziness, memory loss, seizures, headache, fever, and nausea.* *NICE CKS Back Pain- low (without radiculopathy) Nov 2018* *If the person has muscle spasm, consider offering a short course of a benzodiazepine, such as diazepam 2 mg up to three times a day for up to 5 days, if not contraindicated.* *Offering benzodiazepines for muscle spasm* *The recommendation to consider offering a benzodiazepine such as diazepam if there is muscle spasm is based on expert opinion in the US clinical guideline Adult acute and subacute low back pain published by the Institute for Clinical Systems Improvement [ICSI, 2012], which notes that historically muscle relaxants have been recommended on the basis of evidence from trials on the management of non-specific low back pain (without radiculopathy). This guideline states that muscle relaxants may be an option in treating acute low back pain, taking into account their adverse effect profile.* *The literature is conflicting however, and the University of Michigan Health System guideline states there is no evidence to support their use over other treatments such as NSAIDs [University of Michigan Health System, 2010].* *NICE currently states that 'the evidence base to support use of this particular medicine (diazepam as a muscle relaxant in the treatment of lower back pain) is extremely small. Benzodiazepines are not without risk of harm, even for short-term use. Because of this, there is a need to find out if diazepam is*

	clinically and cost effective in the management of acute low back pain' *In the UK, diazepam is the only benzodiazepine licensed for acute pain associated with muscle spasm* *NICE guidelines NG59 Low back pain and sciatica in over 16s: assessment and management* *Recommendations for research* *Guidelines from many countries have said that muscle relaxants should be considered for short-term use in people with low back pain when the paraspinal muscles are in spasm. The evidence for this mainly comes from studies on medications that are not licensed for this use in the UK. The 2009 NICE guideline on low back pain recommends to consider prescribing diazepam as a muscle relaxant in this situation, but the evidence base to support this particular medicine is extremely small. Benzodiazepines are not without risk of harm, even for short-term use. Because of this, there is a need to find out if diazepam is clinically and cost effective in the management of acute low back pain.* *Cochrane Library Muscle relaxants for pain management in rheumatoid arthritis (January 2012)* *Based upon the currently available evidence in patients with RA, benzodiazepines (diazepam and triazolam) do not appear to be beneficial in improving pain over 24 hours or one week. The non-benzodiazepine agent zopiclone also did not significantly reduce pain over two weeks. However, even short term muscle relaxant use (24 hours to 2 weeks) is associated with significant adverse events, predominantly drowsiness and dizziness.* *The review shows that in people with rheumatoid arthritis:* • *Muscle relaxants may not improve pain when taken as a single dose or for up to a two week period* • *We are uncertain whether muscle relaxants affect functional status because of the very low quality of the evidence* • *No trials were found that evaluated whether muscle relaxants affect quality of life* • *No trials were found that evaluated whether antidepressants affect sleep* • *We are uncertain whether muscle relaxants affect mood because of the very low quality of the evidence*

Recommendation to MOPB

Position Statement: The prescribing of Methocarbamol in Primary or Secondary is not recommended.

References:

1. BNF Methocarbamol [Accessed 1.7.19]
2. SmPC Methocarbamol 750mg tablets [Accessed 1.7.19]
3. NICE CKS Back Pain- low (without radiculopathy) Nov 2018

4. NICE guidelines NG59 Low back pain and sciatica in over 16s: assessment and management (November 2016)