MAXIMUS Federal Services

Case Number:	CM13-0016645		
Date Assigned:	01/31/2014	Date of Injury:	12/09/2010
Decision Date:	04/23/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male patient with the date of injury of December 9, 2010. A Progress Report dated July 10, 2013 indicates that the patient has completed six (6) chiropractic sessions with good improvement of range of motion (ROM) and some decrease in left leg pain. While he was in treatment, the patient was using less meds and had increase in activities of daily living (ADL's). Symptoms are returning since stopping physical therapy. Objective Findings identify tender bilateral paravertebral muscles, increased LBP with straight leg raise (SLR) Left greater then right, paresthesias at the left L3, and flexion 50, extension 15, right 15 and left 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF METHOCARBAMOL/ROBAXIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is

no documentation of muscle spasms or an acute exacerbation of pain. In the absence of such documentation, the currently requested prescription of Methocarbamol/Robaxin is not medically necessary.

PRESCRIPTION OF VOLTAREN/DICLOFENAC SODIUM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose, for the shortest period, in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Voltaren/Diclofenac Sodium is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested prescription of Voltaren/Diclofenac Sodium is not medically necessary.