

<b>Case Number:</b>	CM13-0032838		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in ABFP, has a subspecialty in ABPM 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 physician 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 female claimant sustained a neck injury on 12/3/07. She had received physical therapy and analgesics for pain management and improving range of motion. Prior x-rays of the c-spine showed disc space narrowing. The claimant underwent radiofrequency lesioning of the cervical spine for over 10 treatments since April 2011. A note on 10/1/13 indicated she was taking Percocet, Methocarbamol and Naproxen for pain. She still had headaches on her left side and noted 60 pct. improvements from a prior radiofrequency treatment in June 2013. Her examination noted diffuse tenderness on bilateral sides of the neck. Methcarbamol along with Opioids and NSAIDs were continued. She has been on a same regimen of pain medications and muscle relaxants since at least August 2012. Pain control has been achieved more through spinal radiofrequency treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 500mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

**Decision rationale:** According to the MTUS guidelines: Muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Methocarbamol is a muscle relaxant and has been used for over a year. Persistent pain has been treated by serial cervical radiofrequency lesioning rather than adjustment in medications. The documentation does not support that prolonged use of this medication is providing stable and continuous benefits. As a result continued use is not medically necessary.