

<b>Case Number:</b>	CM13-0036307		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/01/1998
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

The patient is a 57 year old woman who sustained a work related injury on April 1 1998. She subsequently developed an upper and lower back pain. She was treated with acupuncture, spinal stimulator, trigger point injection and pain medications. According to the note of August 20 2013, the patient continued to have cervical and lumbar spine pain. Physical examination showed diffuse paraspinal tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 tablets of Methocarbamol 500mg:** 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 Section Page(s): 63.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, an non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The long term use of of

Methocarbamol does not meet MTUS guidelines. Therefore the request for Methocarbamol 500mg, quantity of 120, is not medically necessary and appropriate.