

Case Number:	CM13-0047470		
Date Assigned:	12/27/2013	Date of Injury:	08/29/2008
Decision Date:	04/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/03/2013

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 and is licensed to practice in Illinois. 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:

The patient is a 63-year-old male who reported an injury on 08/29/2008. The mechanism of injury was not provided in the medical records. The patient was diagnosed with degeneration of lumbar or lumbosacral intervertebral disc. The patient's symptoms include moderate discomfort affecting the lumbar spine. The patient reported to be performing his home exercise program on a regular basis and reported that while participating in these activities, his lumbar symptoms were under control. The patient is also taking tramadol and Skelaxin for pain and muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg # 60, 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: According to the California MTUS Guidelines, 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. The guidelines also state the mechanism of action of methocarbamol is unknown, but it appears to be related to central nervous system depressant effects, with related sedative properties. The documentation submitted for review indicates the patient is currently taking tramadol and Skelaxin for pain and muscle spasm. As the patient has been noted to already be taking Skelaxin, documentation failed to provide evidence of the need for an additional muscle relaxant. Therefore, in the absence of documented muscle spasms and the need for an additional muscle relaxant, the request is not supported. Given the above, the request for methocarbamol 750 mg #60, 4 refills, is non-certified.