MAXIMUS Federal Services

Case Number:	CM13-0070023		
Date Assigned:	01/03/2014	Date of Injury:	04/01/1998
Decision Date:	05/30/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/24/2013

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 injured worker is a 57 year old female with a history of a work related injury. The mechanism of injury was an altercation with a combative patient. The clinical note dated 11/18/2013, indicated the injured worker had diagnoses of chronic myofascial pain over the cervical, thoracic and lumbar spine including the suprascapular trapezius, rhomboid, levator scapula, and paraspinous muscles right greater than left with increased pain, lumbar facet arthropathy with radiculopathy, status post implanation of dual lead spinal cord stimulator system on 08/17/2005 with lead revision on 04/26/2006, status post removal of spinal cord stimulator and leads on 08/15/2012, history of opiod detox self procured. On physical exam, the report indicated the injured worker reported neck, low and upper back region pain, and that she rated her at 8/10 with the use of medication. Without medication, the injured worker reported her pain was rated at 10/10. At its best, she reported the medication could reduce her symptoms down to a 4/10. She also reported headaches, muscle spasms and burning pain that affected the extremities. The injured worker completed six acupuncture treatments with benefit. She found signifcant functional improvement with the combination of her medication and acupuncture treatment. However, the physician report dated 11/20/2013, indicated the injured worker apperared to be in intense pain and she reported she wanted to attend therapy to find relief for her pain. The injured workers medication regimen included methocarbamol, gabapentin, motrin, cymbalta, silenor, medrol, sumatriptan and crestor. The request for authorization was submitted on 11/12/2013.

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: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANT (FOR PAIN).

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

Decision rationale: The request for methocarbamol 500mg #120 is non-certified. The injured worker reported pain to her neck, low back and upper back region. The California Chronic Pain Medical Treatment Guidelines recommond non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain; they show no benefit beyond NSAIDs in pain and overall improvement. The injured worker has been using methocarbamol since at least 09/2013 which is an extended period of time. The clinical documentation indicated the injured worker reported significant improvement with medications and acupuncture combined; however, there was a lack of quantifiable data which would demonstrate significant objective functional improvement. Therefore, per the California Chronic Pain Medical Treatment Guidelines, indicate methacarbamol 500mg #120 is not medically necessary and appropriate.