

<b>Case Number:</b>	CM14-0000164		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 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:

The patient is a 56 year old male who was injured on 02/22/2011 while he lifted a heavy lid. Prior treatment history has included the following medications: 06/30/2013 (pain reported on 06/06/2013 AME was 2/10 up to 6-7/10) 1. Methocarbamol 500 mg 2. Aleve 220 mg \ 08/12/2013 ( Pain score with and w/o medications 5/10) 1. Aleve 220 mg 2. Methocarbamol 500 mg PR-2 dated 09/03/2013 documented the patient is walking 1 mile every 2 days despite his pain level to keep himself mobile. He had a hardware block on 07/09/2013 with complete relief of his pain and symptoms. He denies any radiating leg pain or numbness/tingling. He has residual right foot drop causing ambulatory dysfunction worse when wearing a new pair of shoes with a flat bottom. Objective findings on exam revealed right heel walking is not possible. However, he is able to lift up and extend his right toes. The right mid calf shows atrophy. Knee reflexes show right trace and left 1-2. Ankle reflexes on the right trace and on the left 1-2. Assessment: 1. Status post L4-5 global fusion. 2. Retained hardware 3. Congenital L5-S1 fusion 4. Left knee arthropathy 5. Levoscoliosis 6. L1-2 retrolisthesis 7. Prostate and bladder abnormalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION: METHOCARBAMOL 500MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

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

**Decision rationale:** The CPMTG recommends "non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." The patient is documented to have been prescribed Methocarbamol as far back as 06/30/2013 through the latest treatment date of 08/12/2013. Overall there has been no reported benefit from the medication thus far. Further, the 09/03/2013 PR-2 fails to document the need for a muscle relaxant (no documentation of muscle spasms present).