

Case Number:	CM14-0006272		
Date Assigned:	02/05/2014	Date of Injury:	02/27/1996
Decision Date:	06/25/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/14/2014

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 & 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 63-year-old female who has submitted a claim for neck and bilateral hand pain, associated with an industrial injury date of February 27, 1996. Medical records from 2013 through 2014 were reviewed. The latest progress report dated October 30, 2013, showed neck, hand and wrist pain averaging 1/10 over the last 5 days. The pain on occasion went up to 4/10. Physical examination of the cervical spine revealed trigger point tenderness with limitation of motion. There were no muscle spasms noted and both upper extremities have normal physical findings. Treatment to date has included medications and trigger point injections. Utilization review from December 20, 2013 denied the request for the purchase of Methocarbamol because it showed no benefit beyond NSAIDs in pain and overall improvement. Also there was no additional benefit shown in combination with NSAIDs. Efficacy appeared to diminish over time, and prolonged use of some medications in this class may lead to dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOCARBAMOL 500MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 63.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, It recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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 may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include Methocarbamol. In this case, a progress report dated October 30, 2013 showed minimal complaints of pain without associated spasms. In addition, patient continuously takes Relafen since 2013 which would have no significant benefits if combined with Methocarbamol. The medical necessity has not been established at this time as there was no evidence of flare-ups or worsening of pain. Moreover, the quantity to be dispensed was not specified. Therefore, the pharmacy request for Methocarbamol 500mg is not medically necessary.