

Case Number:	CM14-0009120		
Date Assigned:	01/29/2014	Date of Injury:	11/25/2005
Decision Date:	07/21/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This 51 year-old female was injured in 11/12/05; the mechanism of injury was a slip and fall in ice. On 12/14/13 the patient stated that she had pain shooting into her legs and her pain level was a 10 out of 10 without medications. The pain medication improves her quality of life. Objective exam: Tenderness in the LS spine I 3 plus with muscle spasm and leg raising is positive at 25 degrees. She is unable to stand and touch her toes without bending the knees. There is right leg hypoesthesia. Diagnostic impression: Post traumatic low back pain with muscle spasms with underlying disc degenerative disease. Treatment to date was a left lumbar medial branch block was done at L3, 4, and 5 on 3/22/13 and epidural steroidal injections were done at L4 and L5 on 11/8/13. The patient has had medication management and activity modification. The UR decision dated 12/17/13 denied the request for Methocarbamol. The prescription was modified from #180 tabs to #70 based on the fact that the patient has been using the medication chronically.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOCARBAMOL 750 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section 9792.24.2 Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. However, there is no clear description of an acute exacerbation of the patient's chronic pain. This patient has been on Methocarbamol chronically, and guidelines do not support the long term use of the muscle relaxants due to diminishing efficacy over time and the risk of dependence. The UR decision modified the request from 180 tablets to 70 for dose tapering to prevent withdrawal. Therefore, the request for Methocarbamol 750mg #180 was not medically necessary.