

Case Number:	CM14-0107002		
Date Assigned:	08/01/2014	Date of Injury:	04/29/1993
Decision Date:	09/19/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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 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 injured worker is a 71-year-old female who reported an injury on 04/29/1993. The mechanism of injury was not provided for clinical review. The diagnoses include lumbosacral spine pain, myofascial pain syndrome, peripheral neuropathy, degenerative joint and degenerative disc disease. The previous treatments included medication. Within the clinical note dated 05/28/2014, it was reported the injured worker was doing relatively well, and was able to flex and at least tolerate daily activities. Upon physical examination of the lumbar spine, the provider noted the range of motion was flexion at 45 to 90 degrees and extension 0 out of 20 degrees. The provider requested methocarbamol. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg (dated 5/28/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Methocarbamol 750mg is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines do not recommend methocarbamol to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency and the quantity of the medication. Additionally, the injured worker has been utilizing this medication since at least 05/2014, which exceeds the guideline recommendations of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.