

Case Number:	CM14-0018374		
Date Assigned:	04/18/2014	Date of Injury:	06/19/2002
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/13/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 19, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; long and short acting opioids; transfer of care to and from various providers in various specialties; and intermittent laboratory testing. In a utilization review report dated January 24, 2014, the claims administrator approved a request for laboratory testing, approved a request for Norco, denied a request for 90 tablets of Methocarbamol with three refills, and approved a request for Duragesic. The applicant's attorney subsequently appealed. In a progress note dated January 25, 2013, the attending provider noted that the applicant carries a diagnosis of chronic low back pain and sacroiliac joint pain. The applicant was permanent and stationary. The applicant's work status was not clearly stated, although it was suggested that the applicant was in fact working and/or volunteering. The applicant was using Norco, Duragesic, Robaxin, supplemental thyroid, and Tegaderm patches at that point in time. A later note of January 8, 2014 suggested that the applicant was working on a part-time basis and had ongoing complaints of low back pain. The applicant was receiving Tylenol, Duragesic, hydrocodone, it was suggested. An earlier progress note of December 6, 2013 suggested that the applicant was using Norco, Robaxin, and Duragesic at that time. It was stated that the applicant was continuing to work, go to yoga classes, and had resumed home exercises, including rowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOCARBAMOL 500MG, #90 WITH 3 REFILLS: 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,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Methocarbamol or Robaxin are recommended with caution as a second line option in the treatment of acute exacerbations of chronic low back pain. Muscle relaxants are not, however, recommended for chronic, long-term, and/or scheduled use purposes. In this case, the fact that the attending provider is furnishing the applicant with 90-tablet supply of Methocarbamol with three refills imply that the medication in question is intended for chronic, long-term, and scheduled use purposes. This is not an approved indication for the same, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.