

Case Number:	CM14-0019401		
Date Assigned:	04/21/2014	Date of Injury:	04/09/2010
Decision Date:	07/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/14/2014

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 injured worker is a 33 year old male with a reported date of injury on 04/09/2010. The mechanism of injury occurred while lifting a piece of lumber. The progress note dated 07/08/2013 reported the injured worker underwent a decompressive lumbar laminectomy and removal of hardware from the lower lumbar region. The progress noted dated 09/30/2013 reported the injured worker was going to require taking Vicodin occasionally. The request for authorization was not submitted with the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOCARBAMATE 750 MG QTY:60, DAYS SUPPLY: 15: Upheld

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

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

Decision rationale: The injured worker has a 4 year old injury. The CA MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute low back pain and for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines also states they show no benefit beyond NSAIDs in

pain and overall improvement. Methocarbamate is shown to be a central nervous system depressant with related sedative properties. The injured worker's injury was 4 years ago and there is not a list of medications to show the first line therapy attempted. There also is a lack of documentation regarding functional improvement with physical therapy as well as pain relief with the Vicodin. Therefore, the request is not medically necessary.