

Case Number:	CM14-0019745		
Date Assigned:	04/28/2014	Date of Injury:	04/02/2002
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 an employee of [REDACTED] who has submitted a claim for neck, back and shoulder pain associated with an industrial injury date of 04/02/02. Treatment to date has included, intake of medications namely Lyrica (Pregabalin) 100 mg, Robaxin (Methocarbamol) 500 mg/tab, Norco (Hydrocodone-Acetaminophen) 10/325mg/tab, Anaprox (Naproxen Sodium) 550 mg/tab, Amrix (cyclobenzaprine), Androgel (Testosterone) 1.62% transdermal, Zanaflex (Tizanidine) 4mg/tab, Omeprazole, and Docusate Sodium 100mg/tab. Medical records from 2009-2013 were reviewed which showed neck pain that is worst than his leg pain. He reported bilateral paracervical aching that radiates down the left trapezius, left arm and down into the hand and middle, ring and index fingers. He also reported numbness of the said fingers. His pain scale ranges from 6-7/10. Regarding his low back pain, he stated that the bilateral lumbosacral pain extends laterally across the beltline which eventually radiates down the left buttock, posterior leg to the dorsum of the foot. He mentioned aching pain in the plantar aspect of both feet after walking of more than 2 hours. His back pain scale was 5/10. Physical examination showed range of motion of the neck was limited. There was no dislocation, subluxation or laxity. Muscle strength of the neck was intact with no flaccidity or spasticity. Compression sign was negative bilaterally. The right and left lower extremities showed full ROM of the hips, knees and ankles bilaterally. Straight leg raising was negative at 80 degrees bilaterally. Manual muscle testing of the hips, plantarflexion and dorsiflexion were 5/5. MRI of the cervical spine done on 2/16/09 showed C5-6 anterior fusion with some degeneration of the facets at the C4-5. MRI of the lumbar spine showed L4-5 anterior fusion. No DDD/facet arthropathy. Utilization review from 1/31/14 denied the request for Methocarbamol (Robaxin) 500mg oral tab #180 with 1 refill because it has been utilized for long term treatment which is not recommended in the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOCARBAMOL (ROBAXIN) 500MG ORAL TAB #180 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

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

Decision rationale: As stated on page 63 of CA MTUS Chronic Pain Medical Treatment Guidelines muscle relaxants can be used as a second line option for acute exacerbations of low back pain. Methocarbamol is also one of the least supported drugs from medical literature. In this case, patient has been taking Robaxin (Methocarbamol) 500mg since at least 2012 and there is no documentation of therapeutic response. There's also no acute onset of muscle spasm nor low back pain mentioned in the records. Therefore, the request for Methocarbamol (Robaxin) 500 mg/tab #180 with 1 refill is not medically necessary.