

<b>Case Number:</b>	CM14-0118807		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/03/2009
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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:

This is a 50-year-old male with a date of injury of 4/3/09. The mechanism of injury was reported by the patient to be a cumulative trauma injury. His pain is located in his neck, head, throat, and left arm. On 5/29/14 he complained of neck pain radiating to the back. The pain is rated 6/10, with more ringing and headache. On exam he had hoarseness of the voice, and restricted range of motion of the neck and shoulders. There was atrophy of the left biceps and forearm muscles, and restricted range of motion. The diagnostic impression is cervical spondylosis with myelopathy, dysphasia, dysphonia, and cervicgia. The Treatment to date includes surgery, and medication management. A UR review dated 7/16/14 modified the request for methocarbamol 750mg #60 with 1 refill to methocarbamol 750mg #20 with no refill. The UR review dated 7/15/14 modified the request for Norco 10/325mg #90 to Norco 10/325mg #60. The methocarbamol was modified because guidelines recommend muscle relaxants for short-term treatment of less than 2 weeks for acute exacerbations of muscle spasms. The provider states that us is due to ongoing dysphonia and muscle spasms and requests that this medication be continued pending ENG evaluation. For these reasons, the methocarbamol was modified to #20 with no refill for weaning purposes; due to long term use is not supported. The Norco was modified because there is no documentation of efficacy with prior use of this medication, including evidence of objective functional benefit with prior use, risk assessment profile attempt at weaning/tapering, and an updated and signed pain contract. For these reasons, the Norco was modified from #90 to #60 to allow for either initiation of a downward titration and discontinuation, or to allow for submission of MTUS opioid mandated documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 750 mg. #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, he has been on methocarbamol for several months if not longer and guidelines do not support the long-term use of muscle relaxants. There was no documentation of an acute exacerbation of the patient's chronic pain. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. The UR modified the methocarbamol t750mg #60 with 1 refill to methocarbamol 750mg #20 with no refill, to allow for a taper. Therefore, the request for methocarbamol 750mg #60 with 1 refill was not medically necessary.

**Norco 10/325 mg. #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. The urine drug screen dated 6/1/14, was inconsistent with medications prescribed. There was no CURES Report or a signed opiate pain contract. The UR modified the Norco 10/325mg #90 to Norco 10/325mg #60, to allow for a taper or for further documentation to be submitted supporting the chronic opioid use. Therefore, the request for Norco 10/325mg #90 was not medically necessary.