MAXIMUS Federal Services

Case Number:	CM14-0150737		
Date Assigned:	09/19/2014	Date of Injury:	07/15/2011
Decision Date:	10/17/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/16/2014

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 Family 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:

Patient is a 51-year-old female who has submitted a claim for right trigger thumb, status post right shoulder arthroscopy, and cervical strain, associated with an industrial injury date of 7/15/2011. Medical records from 2014 were reviewed. The patient complained of neck pain radiating to the right upper extremity, associated with numbness and paresthesia. Pain was described as clicking, locking, burning, popping, and stabbing, rated 8/10 in severity. Physical examination of the right shoulder showed limited motion and negative impingement sign. Examination of the cervical spine showed positive Spurling maneuver, muscle spasm, restricted motion, and tenderness. Treatment to date has included right shoulder arthroscopic decompression and Mumford procedure, physical therapy, and medications such as Vicodin, Flexeril, and Methocarbamol since February 2014. Utilization review from 8/12/2014 denied the request for Methocarbarmol 500MG #120 because of lack of indication for this medication. Long-term use was also not guideline recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOCARBARNOL 500MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, MUSCLE RELAXANTS Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Methocarbamol since February 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Although the most recent physical examination still showed evidence of muscle spasm, long-term use of muscle relaxant is not recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Methocarbamol 500mg #120 is not medically necessary.