

Case Number:	CM14-0160513		
Date Assigned:	10/06/2014	Date of Injury:	08/23/2009
Decision Date:	11/18/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/30/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 a 69-year-old man who sustained a work-related injury on August 23, 2009. Subsequently, she developed with chronic back pain. According to the most recent note dated on September 11 2014, the patient reported chronic pain with a severity rated at 6/10 improving from 6-9/10. The patient reported improved sleep and depression with Cymbalta. The patient was treated with the Celebrex, Lidoderm patch, Percocet, methocarbamol. The is physical examination demonstrated normal motor examination, slow and careful gait. The patient was diagnosed with low back pain, sciatica, radiculitis, lumbosacral strain. The provider requested authorization for methocarbamol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 500mg #240 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin, Relaxin, generic available), Muscle relax.

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

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations

in patients with chronic back pain and spasm. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no documentation of recent muscle spasms and the prolonged use of muscle relaxants is not justified. The prescription of Methocarbamol 500mg #240 with 5 refills not justified. The request is not medically necessary.