

<b>Case Number:</b>	CM14-0168474		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	08/11/1999
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 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 injured worker is a 53 year old male with a date of injury on 8/11/1999. Records dated 9/28/2006 indicates that the injured worker presented complaints of low back and right lower extremity symptoms rated at 8/10. Since his last visit, he reported no significant change in his condition and stated that his pain level does continue to persist and as a consequence he have limitation in sitting, standing, and walking. On examination, he has tenderness over the lumbar spine. Range of motion was limited in all planes. Most recent records dated 8/28/2014 documents that the injured worker complained of pain in the lower back which he described as aching, sharp, and stiff. Pain would radiate into the left shoulder and both legs. He rated his pain as 7/10. On examination, lumbar range of motion was limited in all planes with pain. Patrick's test was positive bilaterally. Tenderness was noted over the lumbar facet joints. He is diagnosed with (a) thoracic or lumbosacral neuritis or radiculitis - unspecified, (b) unspecified myalgia and myositis, and (c) insomnia - unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 500 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

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

**Decision rationale:** Guidelines indicate that muscle relaxants should be used only in the short-term. However, guidelines indicate that efficacy of these medications diminishes over time and prolonged use of medications can also lead to dependence. Guidelines also note that methocarbamol is noted to be one of the drugs that has the most limited published evidence in terms of clinical effectiveness. In this case, records indicate that injured worker has been utilizing this medication since at least 2006 which already outside the recommendations of evidence-based guidelines. However, records do not indicate any significant improvement in his current clinical presentation including pain levels and functional activities. Without continued evidence of benefits from prolonged use of muscle relaxants as well as limited support for methocarbamol, the medical necessity of the requested methocarbamol 500 mg #60 is not established.