

Case Number:	CM14-0024847		
Date Assigned:	06/13/2014	Date of Injury:	01/15/2010
Decision Date:	07/15/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in New York and Texas. 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 45 year old male who is reported to have sustained work related injuries to his low back on 01/15/10. On this day, he is reported to have bent over to pick up a kicker and subsequently developed low back pain with severe myospasms. Treatment has included medications, physical therapy, and injections. The injured worker is noted to currently be working. Current medications include Tramadol, Robaxin, Norco, Neurontin, and Zanaflex. Per a clinical note dated 03/29/14, he presents for a recheck of low back pain with left radicular symptoms. It is reported that the use of Gabapentin 800mg 3 times per day results in significant relief of his leg pain. He notes that his back pain is improved and is not as painful in the mornings. He continues to work full time. On physical examination, he is noted to be 305 lbs. He has midline lumbosacral spine tenderness. Straight leg raise appears to be positive at 90 degrees. The record includes a utilization review determination dated 02/26/14 in which requests for Methocarbamol and Tizanidine were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS 1-23-14)/ PROSPECTIVE USAGE OF METHOCARBANOL:

Upheld

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

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

Decision rationale: The retrospective/prospective usage of Methocarbamol is not supported as medically necessary. The submitted clinical records indicate that the injured worker is a 48 year old male who has a chronic history of low back pain. He is noted to be working full time. However, the submitted clinical records provide absolutely no data establishing that the injured worker has lumbar myospasms. As such, the continued use of this medication would not be supported and is thus not medically necessary and appropriate.

PROSPECTIVE USAGE OF TIZANIDINE: Upheld

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

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

Decision rationale: The request for Tizanidine is not supported as medically necessary. The submitted clinical records indicate that the injured worker is a 45 year old male who has a chronic history of low back pain. Physical examination dated 03/29/14 does not provide any data establishing the presence of myospasms. It would further be noted that the injured worker has previously had prescriptions for other muscle relaxants and this would represent a redundant prescription. As there is no clinical data presented with establishes that the continued use of this medication results in functional improvements as well as there are no documented objective findings on physical examination of spasms, the continued use of this medication has not been established. Therefore, the request is not medically necessary and appropriate.