

Case Number:	CM14-0043910		
Date Assigned:	06/30/2014	Date of Injury:	06/26/1997
Decision Date:	08/21/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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:

The patient is a 56-year-old female who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of June 26, 1997. Medical records from 2013 to 2014 were reviewed. The patient complained of left shoulder, low back, and bilateral knee pain. Physical examination of the lumbar spine showed hypertonicity, spasm, tenderness and tight muscle band. Straight leg raise is positive on both sides in sitting at 60 degrees. Examination of the shoulders showed limitation of motion of the left shoulder; tenderness of the right shoulder subdeltoid bursa; and positive right shoulder Hawkin's Speeds, and Drop arm tests. Patellar reflex is bilaterally diminished with mild effusion of the left knee noted. The diagnoses were right knee degenerative joint disease; status post left total knee replacement with medial collateral ligament strain; lumbar radiculopathy; low back pain; lower leg joint pain; and shoulder pain. Current pain medications include Norco, oxycodone, Cymbalta, Robaxin, Ambien, Meclizine, and Triamterene. Treatment plan includes a request for Robaxin refill. Treatment to date has included oral analgesics, muscle relaxants, bilateral knee surgeries, knee injections, physical therapy, acupuncture, TENS, and lumbar ESIs. Utilization review from March 26, 2014 modified the request for methocarbamol 500mg qday, to allow one refill for the purpose of weaning and discontinuation Qty: 2 to Qty:1 because long-term use is not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 500mg qday, to allow one refill for the purpose of weaning and discontinuation Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, patient was prescribed Robaxin on December 23, 2013. However, the medical records do not clearly reflect continued functional benefit from its use. The guideline does not recommend long-term use of muscle relaxants, and no discussion regarding weaning was found. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. In addition, the request failed to specify quantity to be dispensed. Therefore, the request for Methocarbamol 500mg qday, to allow one refill for the purpose of weaning and discontinuation Qty: 2 is not medically necessary.