

Case Number:	CM14-0046343		
Date Assigned:	07/02/2014	Date of Injury:	06/23/2011
Decision Date:	08/21/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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 Texas and Oklahoma. 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 66-year-old female who reported an unknown injury on 06/23/2011. On 12/21/2013, her diagnoses included lumbago, sacroilitis, cervicalgia, myofascial pain, chronic pain syndrome, degenerative disc disease of the lumbar spine and facet and other symptoms to the back. Her complaints included low back and right lower extremity pain, neck pain, arthralgias and paresthesias. On 07/07/2014, an examination of the thoracic spine revealed tenderness upon palpation with a normal range of motion and muscle strength within normal limits. The physician's progress notes from 07/07/14, reported pain in the lower back radiating down to both legs. She stated that standing for long periods of time aggravated her pain while her medications and physical therapy alleviate the pain. She rated her pain without medications at 8/10 and with medications at 3/10. Her medications included Mobic 15 mg and Tramadol 50 mg. Her treatment plan included continuing her current medications and discontinuing a trial of Gabapentin, which gave her headaches. There was no rationale or request for authorization included with this submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbam 750mg #120: Upheld

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

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

Decision rationale: MTUS Guidelines recommend that non-sedating muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs). The mechanism of action of Methocarbamol is unknown but appears to be related to central nervous system depressant effects with related sedative properties. The clinical documentation states that the injured worker was receiving about a 60% pain relief with the Mobic and Tramadol. It is unclear why Methocarbamol is being prescribed. Additionally, there was no frequency of administration included with the request. Therefore, this request for Methocarbamol 750 mg #120 is not medically necessary.