

Case Number:	CM14-0056211		
Date Assigned:	07/09/2014	Date of Injury:	02/21/2003
Decision Date:	08/29/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/25/2014

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 and Rehabilitation and is licensed to practice in 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 40 year old male who had a work related injury on 02/21/03. No documentation was submitted for the mechanism of the injury. Most recent document submitted for review is dated 02/20/14. The injured worker presented for follow up evaluation of low back pain and lumbar complaints. The pain is 4/10 on the visual analog scale. It was described as achy, burning, stabbing, shooting, spasming, stiff, sore pressure and tender. By bending backwards the condition worsens, as well as forward, hip extension worsens condition, lifting and standing worsen condition, back pain is located in the lumbar area. The injured worker is experiencing back stiffness, radicular pain in the bilateral legs and weakness in the bilateral legs. The injured worker is status post hardware removal on 09/12/13 with significant resolution of his spinal pain and neuropathic diastasis with 40-50% improvement in functional capacity and decreased pain. The current medications are Flonase, Lidoderm patch, Lisinopril, Methocarbamol, Neurontin, Norco, Prilosec, Provigil, and Simvastatin. The physical examination gait and station examination reveals mid position without abnormalities. An inspection of bones, joints and muscles is remarkable for the following: muscle strength for all groups tested as follows right hip flexor is 4+/5, bilateral foot dorsiflexors, bilateral hip internal rotators, bilateral quadriceps, bilateral hamstrings, hip abductors, plantar flexors, hip abductors, and adductors 5/5. Significant lower extremity dysesthesia with decreased sensation along the plantar aspect of both lower extremities and along the lateral aspect and slightly burning deep tendon reflexes. Bilateral patellar reflex and bilateral Achilles reflex is 1/4. A lumbar exam reveals excellent range of motion with well-healed scars. The diagnosis are chronic lumbosacral spine pain, multifactorial, with L5-S1 disc annular tears, facet capsular tears associated with sacroiliac joint injury as a consequence of an industrial motor vehicle accident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 500 mg every 6 hours as needed #120 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, muscle relaxants (for pain).

Decision rationale: The current evidence based guidelines submitted for review do not support the continued use of Methocarbamol. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. Therefore, the request is not medically necessary.