MAXIMUS Federal Services

Case Number:	CM14-0059578		
Date Assigned:	05/02/2014	Date of Injury:	09/30/2011
Decision Date:	12/26/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 40-year-old female who has submitted a claim for cervical spine and lumbosacral sprain/strain associated with an industrial injury date of September 30, 2011.Medical records from 2014 were reviewed. The patient complained of neck pain radiating to both shoulders and left hand. She likewise complained of back pain associated with spasm and burning sensation. She denied pain radiation to lower extremities. Physical examination of the cervical spine showed tenderness, hypertonicity of left trapezius, no palpable spasm, normal reflexes, and intact sensation. Examination of the lumbar spine showed tenderness, normal lordosis, and no palpable spasm. Straight leg raise test was positive bilaterally. Reflexes and sensory exams were intact. Motor examination was normal.Treatment to date has included physical therapy, acupuncture, Anaprox, Robaxin, and meloxicam since 2013.Utilization review from April 21, 2014 denied the request for Methocarbamol 750 mg #90 1 tablet 3 times daily because long-term use of muscle relaxants is not guidelines recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg #90: 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 Relaxant Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Methocarbamol since 2013. However, there is no documentation concerning pain relief and functional improvement derived from its use. Although the most recent physical exam still showed evidence of spasms, long-term use of muscle relaxant is not guideline recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Methocarbamol 750 mg #90 is not medically necessary.