

<b>Case Number:</b>	CM14-0063137		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/26/1999
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 and Pain Medicine and is licensed to practice in Florida. 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 64-year-old male with a reported date of injury on 10/25/1999. His diagnoses were noted to include rotator cuff syndrome, cervical disc degeneration, neck sprain, and headache. His previous treatments were noted to include chiropractic care and medications. The progress note dated 01/20/2014 revealed the injured worker complained his neck and back pain were the same but under decent control with medication. The injured worker reported he was getting quite a bit of bilateral leg pain for standing on hours at work and took no pain medications while he was on vacation. The physical examination revealed moderate paracervical and thoracic myospasms were noted but the injured worker appeared to be tolerating his medications with good effects on function and activities of daily living. The medications were noted to include Celebrex, Ultracet, Soma, Robaxin, Parafon Forte, Sprix, Flector, Lidoderm, Voltaren gel, and quinine. The request for authorization form was not submitted within the medical records. The request is for methocarbamol 750mg, #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 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 (for pain) Page(s): 63.

**Decision rationale:** The injured worker has been utilizing this medication since at least 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs and pain in overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The documentation provided indicated the medications were working to assist with pain and functional status. However, the Guidelines recommend short-term utilization of muscle relaxants and they also state efficacy appears to diminish over time. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Methocarbamol 750mg, #120 is non-certified.