

Case Number:	CM14-0075631		
Date Assigned:	07/16/2014	Date of Injury:	02/01/2001
Decision Date:	08/22/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 injured worker is a 58-year-old male with reported injury on 02/01/2001 of an unknown mechanism. The injured worker had diagnosis of sciatica, lumbago, hip and pelvic pain, and SI joint dysfunction. There were no past treatments listed in the documentation. The patient had MRI on 02/07/2014. She also had urine drug screens that were consistent with drug regimen. The injured worker complains of increased pain in the legs that feels like knives with intermittent pain down the legs. She also complains of the right knee giving out and falling, right shoulder pain, back pain, and neck pain. Examination on 04/21/2014 revealed tenderness to the lumbar spine, facet joint, decreased flexion, decreased extension, and decreased lateral bending. Medications included Gabapentin 600 mg, Methocarbamol 750 mg, Nucynta ER 50 mg, Norco 10/325 mg, and Bupropion HCL SR 200 mg. The treatment plan was for continuation of current medications and increase of Nucynta ER to 100 mg and referral to physician for evaluation of his back pain. There was no rationale for the request. The request for authorization form was signed and dated 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Methocarbamol 750 mg #180 with 2 refills:

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), Methocarbamol Page(s): 63, 65.

Decision rationale: The prospective request for 1 prescription for methocarbamol 750 mg #180 with 2 refills is non-certified. The injured worker complained of increased pain to the legs that felt like knives and his buttocks with intermittent pain down the legs as well as back pain. There were no past treatments listed in the documentation. According to California MTUS Guidelines, non-sedating muscle relaxants for pain are recommended 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 and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs efficacy diminish over time, and prolonged use of some medications in this class may lead to dependence. The submitted documentation does not specify exactly how long the injured worker has been on the muscle relaxants and it is recommended for short-term use. Physical findings on 05/14 does not specify the medical necessity for the muscle relaxant as there was only tenderness to the spine and joints with no muscle spasms or muscle pain. Therefore, the prospective request for 1 prescription for Methocarbamol 750 mg #180 with 2 refills is medically necessary and appropriate.