

Case Number:	CM14-0192822		
Date Assigned:	11/21/2014	Date of Injury:	06/30/2014
Decision Date:	01/09/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/18/2014

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 Orthopedic Spine Surgery and is licensed to practice in New York. 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 has chronic neck pain, chronic upper back pain and bilateral arm numbness. On physical examination the patient has reduced range of neck motion. There is positive Spurling's test and positive compression test. Neurologic examination reveals no gross motor weakness. There is no sensory deficits. The patient is diagnosed with cervical radiculitis of low back pain. The patient takes medications for pain. At issue is whether additional medications are medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Methocarbamol 750 each # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS chronic pain treatment guidelines

Decision rationale: MTUS guidelines do not recommend methocarbamol for use in patients with chronic back pain. This patient has had chronic back pain for a long time. There is no documentation that the patient has improved with conservative measures to include physical therapy. Guidelines indicate that methocarbamol is not recommended for patients with chronic

pain. There is no clinical indication for the use of methocarbamol. Muscle relaxants medication is not recommended for patients with chronic low back pain.

Prospective usage of Methocarbamol 750 each, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS chronic pain treatment guidelines

Decision rationale: MTUS guidelines do not recommend methocarbamol for use in patients with chronic back pain. This patient has had chronic back pain for a long time. There is no documentation that the patient has improved with conservative measures to include physical therapy. Guidelines indicate that methocarbamol is not recommended for patients with chronic pain. There is no clinical indication for the use of methocarbamol. Muscle relaxants medication is not recommended for patients with chronic low back pain.