MAXIMUS Federal Services

| Case Number: | CM14-0205206 | | |
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| Date Assigned: | 12/17/2014 | Date of Injury: | 04/23/2014 |
| Decision Date: | 02/10/2015 | UR Denial Date: | 11/20/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

## 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 Occupational Medicine 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:

This is a 53-year-old male with a 4/23/14 date of injury. The injury was a result of practicing a defense maneuver with a dog and had his arm pulled on. According to a pain management report dated 10/29/14, the patient has attended 6 sessions of physical therapy from 9/18/14 to 10/16/14, but it did not provide any relief. He complained of pain in the lower back with pain with radiation to the left leg, which has not improved and also complained of severe left shoulder pain. He stated that his symptoms have been unchanged since his injury. Objective findings: paravertebral muscles hypertonicity, spasm, tenderness, and tight muscle band noted on both sides of lumbar spine; light touch sensation decreased over anterior thigh and lateral thigh on the left side; lumbar facet loading positive on both sides. Diagnostic impression: radiculopathy, low back pain.Treatment to date: medication management, activity modification, and physical therapy.A UR decision dated 11/20/14 denied the request for methocarbamol and modified the request for physical therapy from 6 sessions to 2 sessions. Regarding methocarbamol, this is being prescribed for chronic use that is not guideline supported. Regarding physical therapy, the provider reported the 6 recent sessions of physical therapy did not provide any relief. Although there was no benefit from the initial 6 sessions, the current request for an additional 6 sessions is modified to 2 sessions to allow the establishment of a home exercise program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 500mg every 4-6 hours as needed #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, in the present case, it is noted that this patient has been taking methocarbamol since at least 7/15/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation of his pain. Therefore, the request for Methocarbamol 500mg every 4-6 hours as needed #60 was not medically necessary.