

<b>Case Number:</b>	CM14-0209599		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 male patient with a date of injury of March 20, 2009. The utilization review determination dated December 18, 2014 recommends non-certification of a Medrol 4mg #1 pack, methocarbamol 500 mg #90, and a medical ID bracelet. A progress note dated November 19, 2014 identifies subjective complaints of left leg, hips, and back pain. The patient describes his pain as spasm, aching, burning, cramping, and with radiation up to the neck. The patient's pain level without medications is 9/10 and with medications is a 4.5/10. The pain is improved with medications and is aggravated by everything. The physical examination of the lumbar spine reveals pain with range of motion testing, positive slump test on the right, positive bilateral Patrick test, and positive bilateral reverse Thomas test. The diagnoses include unspecified reflex sympathetic dystrophy, syncope and collapse, and myalgia/myositis. The treatment plan recommends starting Medrol (Pak) 4 mg #1 pack, refill of methocarbamol 500 mg #90, refill of Lidoderm patch 5% #30, refill of Galise 600 mg #60, and refill of acetaminophen-codeine #4 #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol 4mg #1 pack, as prescribed on 11/19/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain- Oral Corticosteroids

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Oral corticosteroids

**Decision rationale:** California MTUS does not address the issue. ODG cites that oral corticosteroids are not recommended for chronic pain, as there is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. In light of the above issues, the currently requested MEDROL (PAK) 4 MG #1 pack is not medically necessary.

**Methocarbamol 500mg #90, as prescribed on 11/19/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 92, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for methocarbamol 500mg #90, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the methocarbamol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested methocarbamol 500mg #90 is not medically necessary.

**Medical ID Bracelet:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003581/>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medicalert.org/importance-of-medical-ids>

**Decision rationale:** Regarding the request for a medical ID bracelet, California MTUS and ODG do not address the issue. The Medic Alert website states that medical ID Bracelets are useful for patients with Alzheimer's/dementia, ADD/ADHD, anemia, hypertension, diabetes, cancer, food allergies, dialysis, blood thinners (Coumadin/Warfarin), lung disease, autism, Heart disease, asthma, COPD, blood disorders, children with special needs, drug allergies, pacemaker, stroke risks, hypothermia, epilepsy, seizure, or multiple sclerosis. Within the documentation available

for review, there is no diagnosis listed that would warrant a medical ID bracelet, and no statement indicating why an ID bracelet would be necessary in this case. As such, the currently requested medical ID bracelet is not medically necessary.