

Case Number:	CM15-0001957		
Date Assigned:	01/13/2015	Date of Injury:	09/15/2005
Decision Date:	03/13/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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 & Rehabilitation

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 who reported an injury on 09/15/2005. The mechanism of injury was not provided. His diagnoses included post-traumatic cervical optical pain, radiculopathy, post-traumatic dizziness, hypertension, diabetes, and hypercholesterolemia. Past treatments included medications, injections, and vestibular therapy. On 11/18/2013, the patient was seen for a nerve conduction/EMG testing. The examination revealed no sign of entrapment or compressive neuropathy, no sign of polyneuropathy, or motor radiculopathy. His current medications were not noted. The treatment plan included vestibular rehab, and medications. A request was received for methocarbamol 750 #60. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The request for methocarbamol 750 mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of muscle relaxants as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The clinical notes indicate the patient has been taking methocarbamol for an unspecified amount of time. However, there was no documentation to indicate the failed use of first line medications before prescribing second line option. Given the absence of the information indicated above, the request is not supported. In addition, there was no documentation with significant evidence or rationale for the use of muscle relaxants. Therefore, the request for methocarbamol 750 mg #60 is not medically necessary.