

Case Number:	CM15-0004825		
Date Assigned:	01/16/2015	Date of Injury:	06/30/2013
Decision Date:	03/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 51 year old female, who sustained a work/ industrial injury as a nurse while transferring a male client from a wheelchair to the bed on 6/30/13. She has reported symptoms of back pain and left - right lower extremity pain with numbness and tingling to both feet with weakness with ambulation. Per the physician's report on 12/29/14, exam noted mild bilateral lumbar paraspinal tenderness and minimal spasms. The diagnoses have included lumbosacral neuritis. Treatment to date has included pain management, epidural injection on 12/9/14 to left L4-5, L5-S1, physical therapy that exacerbated the pain, oral analgesics, psychiatric support, lumbar spine support, and urology for neurogenic bladder studies. Diagnostics included an Magnetic Resonance Imaging (MRI) on 8/8/13 that noted disc desiccation at L4-5 and L5-S1, no compression fracture, at L5-S1 note of an annular fissure with disc bulge with left central focality where it touches the thecal sac minimally compresses it, facet joint hypertrophy; at L4-5 there is bilateral facet joint hypertrophy and small amount of marrow edema along the right pedicle, anterior to the facet joint, that may be related to degenerative changes. On 12/11/14, Utilization Review non-certified Methocarbamol 750 mg #60, noting the Medical treatment Utilization Schedule (MTUS) Chronic Pain Guidelin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Methocarbamol 750mg #60: 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 Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, pharmacy purchase Methocarbamol 750 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) treatment of it to low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit over nonsteroidal anti-inflammatory drugs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are L4-L5 and L5-S1, 2-3 mm disc bulge with left central focailty and annular fissure at both levels; and bilateral lower extremity radiculopathy, left greater than right. Subjectively, the injured worker complains of low back pain that radiates to both lower extremities, left greater than right. Pain is 5/10 with medication and 10/10 without medication. Objectively, the injured worker has bilateral lumbar paraspinal tenderness left greater than right. There is one plus palpable muscle spasm present. The documentation shows Robaxin (Methocarbamol) was first prescribed September 29, 2014. The documentation does not contain evidence of objective functional improvement associated with ongoing Robaxin use. Additionally, muscle relaxants are indicated for short-term (less than two weeks. The worker has been using Robaxin approximately 6 months. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Methocarbamol in excess of the recommended guidelines (less than two weeks), pharmacy purchase Methocarbamol 750 mg #60 is not medically necessary.