

Case Number:	CM15-0130353		
Date Assigned:	07/16/2015	Date of Injury:	10/29/1995
Decision Date:	08/13/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 66 year old female, who sustained an industrial injury on 10/29/1995. Diagnoses include chronic pain syndrome, cervicogenic headaches, total body pain, rule out myofascial pain syndrome, severe emotional factors and severe social stressors. Treatment to date has included conservative care including trigger point injections and oral and topical medications. Per the Primary Treating Physician's Progress Report dated 6/01/2015, the injured worker reported pain rated as 10/10 in the neck and leg. Physical examination revealed trigger points in the bilateral rhomboid and traps groups. She received a trigger point injection and Toradol injection. The plan of care included medications and authorization was requested for Methocarbamol 750mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Methocarbamol tab 750mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

Decision rationale: According to the guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They show no benefit beyond NSAIDs in pain and overall improvement. Long-term use is not recommended. In this case, the claimant was receiving an IM injection of NSAID along with Methocarbamol (muscle relaxant) as well as Norco and Zanaflex-another muscle relaxant. There was no indication for combining 2 muscle relaxants. The Methocarbamol with 3 refills is excessive in combination with other medications noted above and is not medically necessary.