MAXIMUS Federal Services

Case Number:	CM15-0164578		
Date Assigned:	09/01/2015	Date of Injury:	01/27/2012
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 60-year-old female who sustained an injury on 1-27-12 resulting when a floor machine struck her on the left side causing her ankles to twist. She fell to the floor and her right foot was caught under the machine causing an injury to her right ankle and left shoulder. Diagnostic tests included MRI right ankle in 2-2-12; left shoulder MRA in April 2012.Treatment has included injection and orthotics by a podiatrist in September 2012. An examination from 6-23-15 reports she is working with a weight trainer and it seems to be helping her at the most bothersome area in the right lower leg; continues to have some level of pain at the anterior ankle up the anterolateral right shin and proximally into the lateral thigh; travels to the lower back and hips; still has difficulty walking. She uses occasional Cyclobenzaprine for spasm which helps and Ibuprofen but in general doesn't like taking medication. The musculoskeletal bilateral lower extremities show restricted arrange of motion at the hips, right more than left; right ankle stiffness and pain. 8-6-15 office visit reports a follow up examination with objective findings X-ray of the right ankle shows no evidence of arthritis in the ankle joint; hardware remains in place 1st and 5th metatarsal right foot. She reports the medication Cyclobenzaprine gave her weird dreams, hallucinations at night and wants to try something else for muscle stiffness; she has difficulty sleeping at night; and prefers as needed medication rather than something she has to take daily to manage her symptoms. Ibuprofen helps with some of the pain and helps her keep moving. Diagnoses are sprain of ankle; primary fibromyalgia syndrome; osteoarthritis, localized not specified whether primary or secondary, involving pelvic region and thigh; paresthesia of lower extremity. The examination reports she has stiffness throughout her body and a trial

of Methacarbamol 750 mg #120 as needed was prescribed to help her sleep if used at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methacarbamol 750 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Methocarbamol (Robaxin), p65 Page(s): 63, 65.

Decision rationale: The claimant sustained a work injury in January 2012 and continues to be treated for chronic back and right lower extremity pain after going ORIF of a right fifth metatarsal fracture. When seen, she had tried taking cyclobenzaprine again but had side effects. She was having pain and muscle spasms and difficulty sleeping. Physical examination findings consisted of vital signs with a normal BMI. Diagnoses also included bilateral hip osteoarthritis and fibromyalgia. Cyclobenzaprine was discontinued and methocarbamol was prescribed 2-3 times per day #120. Methocarbamol is a muscle relaxant in the antispasmodic class. Although its mechanism of action is unknown, it appears to be related to central nervous system depressant effects with related sedative properties. Non-sedating muscle relaxants are recommended with caution as a second-line option for treatment of acute exacerbations in patients with chronic low back pain. Short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with more than one month of use. Prescribing methocarbamol was not medically necessary.