

Case Number:	CM15-0165355		
Date Assigned:	09/02/2015	Date of Injury:	08/07/2014
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina

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 (n) 33-year-old male, who sustained an industrial injury on 8-7-14. He reported pain in his lower back related to repetitive motions. The injured worker was diagnosed as having right lumbar radiculopathy, lumbar strain and lumbar extruded disc herniation at L4- L5 and large protrusion at L5-S1. Treatment to date has included a lumbar MRI on 7-23-15, an EMG-NCS on 2-9-15 with normal results, acupuncture, Anaprox, Tylenol #3, Tramadol and Norco. On 6-23-15, the injured worker reported continuing to self-treat without improvement and is scheduled to be seen by a spinal specialist. The treating physician noted increased pain with lumbar motion and a non-antalgic gait. As of the PR2 dated 7-20-15, the injured worker reports being seen by spinal specialist, who recommended spinal surgery. Objective findings include lumbar flexion 20 degrees, rotation 20 degrees bilaterally and extension 10 degrees. There is also a negative straight leg raise test. The treating physician requested Methocarbamol 500mg #130.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 500mg #180, 30-day supply (refill 0 of 3): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.