

Case Number:	CM15-0182117		
Date Assigned:	09/23/2015	Date of Injury:	02/21/2011
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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 41 year old male who sustained an industrial injury 02-21-14. A review of the medical records reveals the injured worker is undergoing treatment for cervical sprain with possible myelopathy and lower extremity weakness, thoracolumbar sprain with multilevel facet arthropathy, disc extrusions, and sprains; lumbosacral sprain with probable lower extremity radiculopathy-neuropathy, left knee sprain with internal derangement with instability and falling, right shoulder sprain with probable internal derangement, rotator cuff tear versus labral tear; and chronic pain with secondary severe depression and feelings of hopelessness. Medical records (08-24-15) reveal the injured worker complains of cervicothoracic, lumbar sprain, ongoing left knee pain, swelling, instability of right shoulder. He notes 70% improvement during the anesthetic phase of the trigger point injections; with no pain ratings are documented. Pain is documented as 7-9/10 on 08-14-15, and 4/10 with medications on 207-27-15. The physical exam (08-24-15) reveals tenderness, tightness, and spasms with twitch response circumscribed over the left buttock, posterior and lateral thigh, anterior quadriceps, plus calf. Prior treatment includes medications, trigger point injections, massage therapy, and a TENS unit. The original utilization review (09003015) non-certified the request for methocarbamol 500 mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 500 mg Qty 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methocarbamol 500 mg #30 with two refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are cervical sprain with possible myelopathy and lower extremity weakness; thoracolumbar sprain with multilevel facet arthropathy; lumbosacral sprain probable lower extremity radiculopathy/neuropathy; left knee sprain; right shoulder sprain with probable internal derangement; and chronic pain with secondary severe depression and feelings of hopelessness. Date of injury is February 21, 2014. Request for authorization is February 21, 2015. According to a progress note dated March 16, 2015, current medications included Tizanidine. According to an August 24, 2015 progress note, Tizanidine was continued and the treating provider prescribed/added Methocarbamol. A peer-to-peer discussion took place between the utilization review provider and treating provider and a treating provider indicated there may be some overlap (two muscle relaxants concurrently). There is no clinical rationale the medical record for #2 muscle relaxants taken concurrently. Subjectively, the injured worker complains of cervical, thoracic and lumbar spine pain, knee pain and right shoulder pain. Symptoms have been worsening. Objectively, there is tenderness to palpation over the left buttock to the lower extremities. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The treating provider prescribed Tizanidine, at a minimum, in excess of five months. The treating provider is continuing both muscle relaxants through August 2015. There are no compelling clinical facts to support the ongoing use of muscle relaxants. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and continued muscle relaxant use well in excess of the recommended guidelines for short-term (less than two weeks), Methocarbamol 500 mg #30 with two refills is not medically necessary.