

Case Number:	CM15-0192270		
Date Assigned:	10/06/2015	Date of Injury:	06/09/2014
Decision Date:	11/16/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/30/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old female who sustained an industrial injury 06-09-14. A review of the medical records reveals the injured worker is undergoing treatment for radiculopathy, lumbar spine degenerative disc disease, low back pain and muscle spasm. Medical records (09-03-15) reveal the injured worker complains of back pain radiating from the low back down legs, lower backache, and numbness over both legs. Pain is rated as 6/10 without medications and 3/10 with medications, which is unchanged since 07-09-15. The physical exam (09-03-15) reveals a slow wide based gait without the use of assistive devices. The lumbar spine range of motion is restricted by pain. Tenderness to palpation is noted at the paravertebral muscles. Light touch sensation is decreased over the lateral foot and lateral calf on both sides. The knee jerk is 2/4 and the ankle jerk is 1/4 bilaterally. Prior treatment includes medications, chiropractic care, physical therapy, home exercise program, and psychotherapy. Electrodiagnostic studies of the lower extremities (08-21-15) revealed no evidence of neuropathy. The MRI of the lumbar spine (08-11-15) revealed "no significant changes." The original utilization review (09-10-15) non certified the request for Methocarbamol 500mg #30. The documentation supports that the injured worker has been on Methocarbamol since at least 04-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 500mg; 1/2 to One Tab QD PRN QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Muscle relaxants; Pain, Muscle relaxants, Methocarbamol; FDA.

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) Muscle relaxants, methocarbamol.

Decision rationale: The MTUS notes that muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However in most low back pain cases they showed no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be used as the primary drug class of choice for musculoskeletal conditions. Methocarbamol is an anti-spasmodic drug whose mechanism of action is unknown. The ODG guidelines state that non-sedating muscle relaxants (for pain) are recommended with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and 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) See the Low Back Chapter. 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. Also 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. (Schnitzer, 2004) (Van Tulder, 2004) (Airaksinen, 2006) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008) Methocarbamol's (Robaxin, Relaxin, generic available) mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. The FDA approved this drug in 1957. Side Effects: Drowsiness, dizziness and lightheadedness. Dosing: 1500 mg four times a day for the first 2-3 days, then decreased to 750 mg four times a day. (See, 2008) In this case, methocarbamol has been used since 4/16/15, indicating long-term use. The guidelines note decreased efficacy over time and current use has been well beyond the recommended short-term use, the request for methocarbamol 500 mg 1/2 to one Tab QD PRN QTY: 30 is not consistent with the MTUS and ODG guidelines and is not medically necessary.