

Case Number:	CM15-0202039		
Date Assigned:	10/16/2015	Date of Injury:	01/24/2011
Decision Date:	12/02/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia,
 Maryland Certification(s)/Specialty: Anesthesiology, 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 62 year old male, who sustained an industrial injury on 01-24-2011. A review of the medical records indicates that the worker is undergoing treatment for actinic keratosis, seborrheic keratosis, varicose veins, bilateral hearing loss and mild tinnitus. The most recent medical documentation includes dermatology notes on 07-21-2015 and 09-03-2015. Subjective complaints (07-21-2015) included several spots on shoulder, back and face, pain in the legs at the end of the day and thick toenails. Objective findings (07-21-2015) included scaly, crusty papules or plaques on several areas of the body. Subjective complaints (09-03-2015) included left foot swelling and several dark spots and skin tags on the head and neck that were growing, itchy and becoming stuck on clothing. The worker was presenting for venous duplex assessment of the lower extremities, biopsies and cryotherapy. Objective findings (09-03-2015) included varicose veins on the bilateral legs and thighs and pitting edema of the bilateral legs and ankles. The worker underwent electrodesiccation and biopsy which were tolerated well. Treatment has included medication, hearing aids and electrodesiccation. The treatment plan included use of sunscreen and support stockings. There was no documentation submitted that pertains to the current treatment request. A utilization review dated 09-21-2015 non-certified a request for Methocarbamol tab 750 mg QTY: 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol tab 750mg Qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS CPMTG recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. With regard to Methocarbamol, the MTUS states, "The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the FDA in 1957." The medical records submitted for review do not document an acute exacerbation of LBP. Furthermore, it is noted that methocarbamol is a sedating muscle relaxant, which is not recommended. The request is not medically necessary.