

Case Number:	CM15-0204342		
Date Assigned:	10/21/2015	Date of Injury:	04/23/2014
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, New York, California
 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:

In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve a request for methocarbamol. The claims administrator referenced a September 23, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On an RFA from dated September 31, 2015, Robaxin, Naprosyn, and Norco were all seemingly renewed. Massage therapy was sought via an RFA form dated September 25, 2015. On a progress note dated September 23, 2015, the applicant reported ongoing complaints of shoulder pain, 4/10 without medications versus 3/10 with medications. The applicant's medications included Naprosyn, Robaxin, Norco, and Claritin, the treating provider reported, several of which were renewed and/or continued. The applicant was asked to pursue massage therapy and consider a lumbar epidural injection. A 40-pound lifting limitation was imposed. It was not clearly stated whether with the applicant was or was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 500mg qty: 60.00: 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 rationale: No, the request for methocarbamol (Robaxin), a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Robaxin are recommended with caution to treat acute exacerbations of chronic low back pain, here, however, the 60-tablet renewal request for methocarbamol represented chronic, long-term, and/or twice daily usage, i.e., usage which ran counter to the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.