

<b>Case Number:</b>	CM15-0204915		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	06/11/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 48 year old female who sustained an industrial injury June 11, 2014. Past history included gastric bypass August 2003, asthma, hypertension, and arthritis. According to a primary treating physician's progress report dated September 29, 2015, the injured worker presented with complaints of bilateral hand pain, lower back pain and pain in the bilateral knees. She also reports numbness and weakness in the left upper extremities (dorsal-volar hand and arm), positive trigger point cord at left trapezius. Page 2 of 5 of this report is not present in the medical record and included further objective findings beside a height of 5'2 inches and 242 pounds. Diagnoses are rule out malleolar fracture, ankle; bilateral knee degenerative joint disease, rule out internal derangement; bilateral hand and wrist degenerative joint disease with left hand ganglion cyst overlying the 5th metacarpal joint; lumbar spine myofascial pain syndrome- degenerative disc disease; morbid obesity; non-steroidal anti-inflammatory drugs-induced gastritis with history of PUD (peptic ulcer disease); insomnia; left lateral epicondylitis; cervicobrachialplexopathy of the left upper extremities. Treatment plan included extensive testing under each diagnosis listed including; x-rays, massage therapy, TENS (transcutaneous electrical nerve stimulation) therapy, braces for the lumbar spine and bilateral ankles, ultrasound therapy for the knees, discontinue all anti-inflammatory medication and change to Tylenol and Omeprazole and Misoprostol. At issue, is the request for authorization for Methocarbamol-Glucosamine (since at least May 4, 2015). An MRI of the right ankle dated April 7, 2015,(report present in the medical record) impression as high grade peroneus longus interstitial tearing superimposed upon a background of tendinosis and tenosynovitis; focal split thickness tear of

the peroneus brevis just distal to the lateral malleolus; Achilles tendon is intact; intact medial and lateral ligaments. Toxicology reports dated May 2, 2015 and September 29, 2015, (report present in the medical record) are documented as no drugs were reported detected or prescribed. According to utilization review dated October 9, 2015, the request for Methocarbamol-Glucosamine 150-100mg #60 No Refills is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Methocarbamol/Glucosamine 250/100mg #60 No refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Compound drugs.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants such as Robaxin are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. 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. In this case, the patient has no evidence in the records of significant spasms objectively; the determination is for non-certification for Robaxin as it is not medically necessary and appropriate.