

Case Number:	CM15-0023605		
Date Assigned:	02/13/2015	Date of Injury:	10/15/2013
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/09/2015

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:

The applicant is a represented 65-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 15, 2013. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve request for methocarbamol and Keratek gel. The claims administrator referenced a progress note of December 12, 2014 in its determination. The applicant's attorney subsequently appealed. On December 12, 2014, the applicant apparently transferred care to a new primary treating provider, reporting ongoing complaints of neck pain radiating to bilateral upper extremities. Ancillary complaints of shoulder and low back pain were evident. The applicant was given prescriptions for electrodiagnostic testing of the bilateral upper and bilateral lower extremities, omeprazole, manipulative therapy, naproxen, Robaxin, and a Keratek analgesic gel. The applicant was apparently placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg 1 tablet TID #90, refills: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63 & 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 63 of 127.

Decision rationale: No, the request for methocarbamol, 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 methocarbamol are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 90-tablet, five-refill supply of methocarbamol at issue represents chronic, long-term, and/or scheduled usage of the same. Such usage, however, is incompatible with 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.

Kera Tek Gel 4oz, apply thin layer 2-3 times a day for pain #1, refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105 & 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 7 of 127.

Decision rationale: Similarly, the request for Keratek analgesic gel, a salicylate topical compound, was likewise not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Keratek are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines likewise notes that that analgesic medications should show effect within one to three days. Here, the request for what amounts to a four-month supply of Keratek analgesic gel, without any intervening office visits with the attending provider so as to ensure a favorable response to the same, thus, is at odds with both page 7 and page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.