

Case Number:	CM15-0025080		
Date Assigned:	02/17/2015	Date of Injury:	08/11/2011
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/10/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38 year old male patient, who sustained an industrial injury on 8/11/11. He has reported neck injury. He sustained the injury due to repetitive work. The diagnoses have included bilateral ulnar neuritis possible bilateral carpal tunnel syndrome and possibly thoracic outlet syndrome. Per the progress note dated 1/9/15 he had complaints of weakness of left little finger. He is able to manage his pain with current medications. Physical examination revealed weakness of right thumb to little finger pinch and slight tenderness of bilateral neck and lateral paravertebral muscles. The medications list includes acetaminophen, ibuprofen, robaxin and omeprazole. He has had physical therapy and home exercise program for this injury. On 1/20/15 Utilization Review non-certified Methacarbamol 500mg #90 with 3 refills, noting the lack of medical necessity as there is no clear evidence of current acute exacerbations of muscle spasms and massage therapy 1-2 times per week for 6 weeks, noting the medical necessity has not been established as acupuncture has been approved. The MTUS, ACOEM Guidelines, was cited. On 2/2/15, the injured worker submitted an application for IMR for review of Methacarbamol 500mg #90 with 3 refills and massage therapy 1-2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methacarbamol 500mg #90 With 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: Request: Q-1- Methocarbamol 500mg #90 With 3 RefillsRobaxin contains Methocarbamol which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and Baclofen. The level of the pain with and without medications is not specified in the records provided. The need for robaxin/methocarbamol on a daily basis with lack of documented improvement in function is not fully established. Evidence of acute exacerbations or muscle spasm in this patient is not specified in the records provided. Muscle relaxants are not recommended for a long periods of time. Short term or prn use of robaxin in this patient for acute exacerbations would be considered reasonable appropriate and necessary. However the need for 90 tablets of Methocarbamol 500mg, as submitted, is not deemed medically necessary. The medical necessity of Methocarbamol 500mg #90 With 3 Refills is not established for this patient at this juncture.

Massage Therapy 1-2 Times Per Week For 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: Request: Q-2-Massage Therapy 1-2 Times Per Week For 6 WeeksPer the CA MTUS guidelines, regarding massage therapy this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Furthermore, many studies lack long-term follow up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. Patient has had physical therapy visits for this injury. Response to prior conservative therapy is also not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Massage Therapy 1-2 Times Per Week For 6 Weeks is not fully established for this patient.

