

Case Number:	CM15-0027696		
Date Assigned:	02/20/2015	Date of Injury:	06/03/2008
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/16/2015

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 48-year-old male, who sustained an industrial injury on 6/3/2008. He reported feeling a pop in his back while pulling boxes from a container. The injured worker was diagnosed as having muscle pain, psychalgia, lumbosacral radiculitis, sciatica, chronic pain, degeneration of lumbar intervertebral disc, lumbar post-laminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy, insomnia, single major depressive episode, moderate, lumbosacral spondylosis without myelopathy, depression, and lumbar radiculopathy. Treatment to date has included surgical intervention and conservative measures including diagnostics, psychiatric, and medications. Currently, the injured worker complains of low back pain with radicular symptoms, rated 8/10 with medication use and 10/10 without. Pain interference with activities of daily living was rated 10/10. He was able to get dressed in the morning and perform minimal activities at home with medication use and would otherwise stay in bed at least half of the day without medication use. Current medications included Abilify, Cymbalta, Wellbutrin XL, Trazadone, Ambien, Norco, Methocarbamol, Lidocaine patch, Gabapentin, and Suboxone (noted with taper instructions). His body mass index was 30.42%. Physical exam of the lumbar spine noted an antalgic gait and cane use. Tenderness was noted and spasm was documented as absent or mild.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol tab 750mg day supply: 30 Qty: 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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 documentation submitted for review indicates that the injured worker has been using this medication long term. While it is noted by the treating physician that the injured worker has had continued efficacy with methocarbamol, per the guidelines, sedating muscle relaxants are not recommended. As such, the treatment is not medically necessary.