MAXIMUS Federal Services

Case Number:	CM15-0220431		
Date Assigned:	11/13/2015	Date of Injury:	07/27/2001
Decision Date:	12/22/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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: 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 71 year old male, who sustained an industrial injury on 7-27-2001. The injured worker was diagnosed as having cervicalgia and other dorsalgia. Treatment to date has included diagnostics and medications. On 10-14-2015, the injured worker complains of back and neck pain, not rated. He reported cutting down considerably his pain medication. Current medication included Tylenol #3, Ultram, and Methocarbamol. Physical exam noted pain with flexion, extension, and rotation, and pain in his neck with any range of motion. His work status was not noted. His function with activities of daily living was not described. The treatment plan included "continue the same treatment". An accurate duration of Methocarbamol use could not be determined (since at least 8-2015), but the previous progress report (9-15-2015) noted a plan to reduce Robaxin to #2 daily. On 10-30-2015 modified a request to Methocarbamol 750mg #20 (original request Methocarbamol 750mg four times daily #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg qid #120: Upheld

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

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.