MAXIMUS Federal Services

Case Number:	CM15-0040874		
Date Assigned:	03/11/2015	Date of Injury:	06/21/2007
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/04/2015

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: North Carolina
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:

The injured worker is a 55 year old female, who sustained an industrial injury on 6/21/07. She reported back pain. The injured worker was diagnosed as having lumbar strain/sprain, lumbar disc herniation, lumbar paraspinal muscle spasms, lumbar radiculitis/radiculopathy bilateral lower extremities, status post lumbar fusion, cervical strain/sprain, cervical paraspinal muscle spasms, cervical disc herniation, and cervical radiculitis/radiculopathy to right upper extremity and status post cervical fusion. Treatment to date has included physical therapy, acupuncture, oral medications and cervical fusion. Currently, the injured worker complains of severe lumbar pain associated with moderate to severe muscle spasms and radiation to bilateral lower extremities associated with tingling and numbness and moderate to severe cervical pain associated with tingling and numbness radiating to the right upper extremity. Upon physical exam severe pain with radiation to corresponding dermatome was noted over lumbar spinous process at level L4-5 and deep palpation over cervical spine reproduced severe pain radiating to corresponding dermatome in right arm. The injured worker noted acupuncture and physical therapy have provided limited improvement. The treatment plan consisted of left transforaminal lumbar epidural steroid injection and a retro authorization for methocarbarnol 500mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Methocarbamol 500 MG #90 DOS 9/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.