

<b>Case Number:</b>	CM15-0046611		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Arizona, 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:

The injured worker is a 66 year old male, who sustained an industrial injury on October 18, 2011. The injured worker was diagnosed as having low back pain and flaring up of pain. Treatment to date has included chiropractic treatments and medication. On November 7, 2014, the injured worker complains of low back pain, noting a flare-up of his symptoms because of the cold weather. The Treating Physician's report dated November 7, 2014, noted the injured worker had completed his chiropractic treatments. Current medications were listed as Tylenol with Codeine, Relafen, and Robaxin. The injured worker was noted to have an antalgic gait, with examination of the back revealing lumbosacral paraspinal muscle spasms with tender areas noted over the lower lumbosacral facet joints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 500mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, Chapter: Pain (Chronic), Muscle Relaxants for pain.

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

**Decision rationale:** Muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain.

Methocarbamol is a muscle relaxant. It is intended for short-term use. This category has shown no benefit over NSAIDs. In this case, the claimant had been on NSAID (Nabumetone). The claimant had been on muscle relaxants for several months in combination with Codeine and Relafen. The pain level was noted to be 9/10. Continued use is not medically necessary.

**Nabumetone 500mg #30:** 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 NSAIDs Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure and the claimant's pain was 9/10 on Nabumetone. Length of prior use is unknown. Long-term NSAID use has renal and GI risks. Continued use of Nabumetone is not medically necessary.