

Case Number:	CM15-0050300		
Date Assigned:	03/23/2015	Date of Injury:	06/10/1998
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/17/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 67 year old male, who sustained an industrial injury on 6/10/1998. He reported a back injury. The mechanism of injury was not provided for review. The injured worker was diagnosed as having back surgeries, lumbar radiculopathy and post laminectomy syndrome. There is no record of a recent diagnostic study. Treatment to date has included spinal cord stimulator, surgery, therapy and medication management with recent replacement of spinal cord stimulator pulse generator. Currently, the injured worker complains of low back pain with radiculopathy. In a progress note dated 2/19/2015, the treating physician is requesting Methocarbamol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Methocarbamol 750mg Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for Pain).

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

Decision rationale: According to MTUS guidelines, non sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic cervical pain and spasm. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no documentation of recent muscle spasms and the prolonged use of muscle relaxants is not justified. The prescription of Methocarbamol 750mg is not medically necessary.