

<b>Case Number:</b>	CM15-0050906		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	05/10/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, Florida

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 63 year old female who sustained an industrial injury on 05/10/2001. Diagnoses include chronic fibromyalgia, bulging disc C5-6, radiculitis, and cervical spine anterolisthesis and minimal neural foramina narrowing. Treatment to date has included medications, epidural injections and massage therapy. A physician progress note dated 02/17/2015 documents the injured worker was having pain in her neck, and upper back as well as aching of her knees. Pain level is 8 out of 10 with medications. She is having increased discomfort and spasms. Recommendation is for medications refill, and awaiting authorization of epidural injection. Treatment requested is for Methocarbamol 750mg #45 for muscle spasm. The medications listed are Ultram, Ativan, Celexa and Zanaflex. A Utilization Review determination was rendered recommending non certification for Methocarbamol 750mg #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 750mg #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interactions with opioids and sedative medications. The guidelines recommend that the use of muscle relaxants be limited to period of 4 to 6 weeks to minimize the development of these complications. The records indicate that the patient was utilizing opioids and multiple sedatives concurrently. The criteria for the use of Methocarbamol 750mg #45 was not met. Therefore, the requested treatment is not medically necessary.