

Case Number:	CM15-0086324		
Date Assigned:	05/08/2015	Date of Injury:	01/08/2014
Decision Date:	06/15/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/05/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 39 year old male, who sustained an industrial injury on 1/8/14. He reported initial complaints of back pain with lower extremity numbness/pain/spasms. The injured worker was diagnosed as having lumbar radiculopathy; muscle spasms gait abnormality; thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment to date has included chiropractic therapy; acupuncture and medications. Diagnostics included MRI lumbar spine (1/16/14). Currently, the PR-2 notes dated 3/17/15 indicated the injured worker reports he is gradually improving after the most recent episode that has caused a re-injury with increasing back pain. He wants to return to work with the same restrictions as previously. Objectives are documented, as the injured worker is tearful at times during the evaluation due to pain and his desire to continue working despite his pain. He is wearing a lumbar support brace and is ambulating with a cane in the left hand. (Documentation included in the file noted the injured worker has a chronic limp and wears a brace over the right ankle from a prior injury in 2010 that resulted in two surgeries.) When the brace was removed, there is a severe spasm through the lumbar paraspinal. He underwent a trail of cupping and treatment with acupuncture and trigger point deactivation on this date. The notes indicate remarkable pain relief and left the office virtually pain free. The assessment documents the injured worker had an exacerbation of chronic lumbar pain and recommended the same ongoing maintenance treatment of acupuncture, cupping and trigger point deactivation. The injured worker has a clinical history of diabetes and right ankle ORIF 5/2010 and removal of right ankle hardware in 2/2011. The injured worker has been on

Oxycodone 10mg, Oxycontin 10mg and Methocarbamol 150mg. The provider's treatment plan included Methocarbamol 150mg quantity unspecified which was denied at Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 150mg quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 63-66.

Decision rationale: Regarding the request for methocarbamol, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the methocarbamol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested methocarbamol is not medically necessary.