

Case Number:	CM15-0243510		
Date Assigned:	12/21/2015	Date of Injury:	06/03/2008
Decision Date:	01/25/2016	UR Denial Date:	12/01/2015
Priority:	Standard	Application Received:	12/11/2015

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 49 year old male, who sustained an industrial injury on June 3, 2008. He reported a pop in his low back. The injured worker was currently diagnosed as having lumbar region radiculopathy, major depressive disorder single episode unspecified, cramp and spasm, chronic pain due to trauma, insomnia due to medical condition, spondylosis without myelopathy or radiculopathy lumbosacral region, other intervertebral disc displacement lumbar region, postlaminectomy syndrome not elsewhere classified, other abnormalities of gait and mobility, myalgia and long term current use of opiate analgesic. Treatment to date has included diagnostic studies, surgery, trigger point injection, physical therapy, home exercises and medication. On November 13, 2015, the injured worker complained of lower back pain with radiation to the lower extremities. The pain was described as burning, ache, deep, discomforting, dull, localized, numbness, piercing, sharp, shooting, stabbing and throbbing. His symptoms were noted to be relieved with heat, ice and medications. He rated his pain without medications as a 10 on a 0-10 pain scale and with medications as an 8 on the pain scale. Physical examination of the lumbar spine revealed tenderness. Active range of motion was right lateral flexion 10 degrees with pain, left lateral flexion 10 degrees with pain, right rotation 30 degrees with pain, left rotation 30 degrees with pain, extension 10 degrees with pain and flexion 55 degrees with pain. Medications prescribed included Norco, Lidocaine patch, Kadian, Gabapentin, Methocarbamol and Orphenadrine Citrate. On December 1, 2015, utilization review denied a request for Methocarbamol 750mg #90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750 MG #90 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the guidelines, muscle relaxants are recommended as 2nd line for short term treatment of low back pain. In this case, the claimant was on opioids and other muscle relaxants as well. Long-term use is not recommended. The claimant had persistent symptoms despite its use. Continued use of Methocarbamol is not medically necessary.