

Case Number:	CM14-0116082		
Date Assigned:	08/06/2014	Date of Injury:	11/09/1998
Decision Date:	10/06/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Montana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 was injured on 11/9/98, with ongoing complaint of pain in the low back and radiation to both lower extremities. His diagnoses include low back pain with bilateral radiculopathy, degenerative disc disease, gastroesophageal reflux secondary to Norco use and insomnia secondary to pain. Medications have included Norco, methocarbamol, Prevacid, Cymbalta and Ambien. The most current treatment note indicates that physical therapy had been ordered. He has used methocarbamol on a when necessary basis for at least 6 months. The records do not document response to medications or physical therapy. The primary treating physician has requested methocarbamol 500 mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 500mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for chronic pain Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasmodics Page(s): 63, 65.

Decision rationale: The MTUS notes that muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low

back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However in most low back pain cases they showed no benefit beyond nonsteroidal anti-inflammatory drugs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be used as the primary drug class of choice for musculoskeletal conditions. Methocarbamol is an anti-spasmodic drug whose mechanism of action is unknown. In this case to utilization review determined that, since the guidelines recommended short term use, the request was modified to #30 with no refills. Since the guidelines note decreased efficacy over time and current use has been well beyond short-term and not solely for acute exacerbations, the request for methocarbamol 500 mg #45 is not medically necessary.