

Case Number:	CM14-0124737		
Date Assigned:	09/25/2014	Date of Injury:	03/25/2009
Decision Date:	11/19/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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 California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 20, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated July 22, 2014, the claims administrator denied a request for 60 tablets of methocarbamol. The applicant's attorney subsequently appealed. In a June 24, 2014 progress note, the applicant presented with ongoing complaints of low back pain ranging from 2-6/10 with medications versus 6/10 without medications. The applicant was using Norco four times daily, Robaxin twice daily, Prilosec daily, Celexa daily, and Docuprene. Multiple medications were refilled. The applicant was placed off of work, on total temporary disability, through August 5, 2014. In an earlier note dated April 2, 2014, the applicant was again described as using Norco, Robaxin, Prilosec, Celexa, and Docuprene. The applicant was given 180 tablets of Norco and unspecified amounts of Robaxin. The applicant was placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750 mg #60 3-6 month authorization: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol, Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 7, 63.

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants, such as methocarbamol, are recommended with caution as second-line options to treat acute exacerbations of chronic low back pain. This recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case the attending provider has not explicitly stated how ongoing usage of Robaxin has proven beneficial here in terms of the functional improvement parameters established in MTUS 9792.20f. While the attending provider has stated that the applicant's pain scores have been reduced, the attending provider has failed to outline any material improvements in function achieved as a result of ongoing Robaxin usage. The applicant remains off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Robaxin. Therefore, the request is not medically necessary.