

Case Number:	CM14-0211761		
Date Assigned:	12/24/2014	Date of Injury:	05/06/2011
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 56 year old female with an injury date of 05/06/11. Based on the 11/11/14 progress report provided by treating physician, the patient complains of low back pain radiating to lower extremities. Physical examination back revealed tenderness to palpation over the L5-S1 disc space, bilateral L5-S1 paraspinal muscles, mid sacrum, right posterior superior iliac spine, and bilateral gluteal musculature. Range of motion was decreased, especially on extension 45 degrees. Patient has had 2 TESI's in the past. Patient has had 5 sessions of aquatic physical therapy. Patient's medication per report 10/21/14 include Lyrica, Duexis, Hydrocodone and Valium. Patient is permanent and stationary. MRI of the lumbar spine 11/26/14 showed exaggerated lumbar lordosis with an increased lumbosacral angle. MRI of the lumbar spine 07/15/14 showed multilevel degenerative changes of the lumbar spine and severe spinal canal stenosis at L5-S1. EMG of the right lower extremity 02/18/14 showed evidence of a chronic right L5-S1 radiculopathy with acute reinnervation. Diagnosis (08/27/14)- Degenerative spondylolisthesis at L4-5- Degenerative spondylolisthesis, L5-S1 The utilization review determination being challenged is dated 11/20/14. The rationale follows: "no explicit documentation of muscle spasms... no documented functional improvement from any previous use" Treatment reports were provided from 12/03/13 to 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthocarbamol 750mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 64.

Decision rationale: The patient presents with low back pain radiating to lower extremities. The request is for Mentocarbamol 750mg #30. Patient has had 2 TESI's in the past. Patient has had 5 sessions of aquatic physical therapy. Patient's medication per report 10/21/14 include Lyrica, Duexis, Hydrocodone and Valium. Patient is P&S. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, most LBP cases show no benefit beyond NSAID in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." Treater has not provided reason for the request. Per report dated 03/18/14 treater states patient is getting relief with Duexis, an NSAID, which the patient is still currently taking. However, treater has prescribed Robaxin but did not document or discuss how long this medication is to be used. Per guideline, duration of use should be short-term (no more than 2-3 weeks). Furthermore, requested medication is listed as one with the least published evidence of clinical effectiveness. Therefore, the request is not medically necessary.