

Case Number:	CM15-0113921		
Date Assigned:	06/24/2015	Date of Injury:	03/13/2015
Decision Date:	07/27/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/12/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 55 year old male, who sustained an industrial injury on August 19, 2013 in a trip and fall with subsequent injury on March 13, 2015 after returning to work. The injured worker was diagnosed as having cervical sprain, derangement of joint of shoulder, De Quervain's, lumbar radiculopathy, internal derangement of knee and internal derangement of the ankle and foot. Treatment to date has included Ibuprofen, Methacarbamol 750mg and Voltaren 1% gel and activity restrictions. Currently, the injured worker complains of mid upper back pain, shoulder and neck pain and left knee pain, which is unchanged since previous visit. Physical exam of cervical spine noted spasm in paraspinal muscles and tenderness to palpation of paraspinal muscles with reduced sensation in bilateral median nerve dermatomal distribution and restricted range of motion. Physical exam of bilateral shoulders revealed tenderness to palpation of bilateral trapezius muscles and physical exam of lumbar spine revealed spasm in paraspinal muscles with tenderness to palpation, reduced sensation in left L5 dermatomal distribution and restricted range of motion. Physical exam of the left knee revealed ecchymosis and excruciating pain in the left with palpation of distal femoropatellar tendon; exam of feet and ankles revealed swelling and ecchymosis about the right ankle and tenderness to palpation of the left plantar fascia as well as the right lateral ankle. A request for authorization was submitted for aqua therapy and refills on Voltaren 1% gel, Methacarbamol 750 mg tablet and Ibuprofen 800mg tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation submitted does not support a first line option was utilized, he has been prescribed the medication for more than 3 months and documentation does support the back pain is chronic. In addition, the injured worker noted no significant improvement since previous visit. Therefore, the request for Methacarbamol 750mg #60 is not medically necessary.