

Case Number:	CM15-0064059		
Date Assigned:	04/10/2015	Date of Injury:	10/17/2001
Decision Date:	05/08/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	04/03/2015

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: California, Indiana, New York
Certification(s)/Specialty: 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 44 year old female, who sustained an industrial injury on October 17, 2001. The mechanism of injury is unknown. The injured worker was diagnosed as having brachial neuritis, chronic cervicgia, myofascial strain, bilateral upper extremity radiculopathy and depression. Treatment to date has included medications, diagnostic studies, ice/heat and psych visits. On March 17, 2015, the injured worker complained of pain worse in the neck area. The pain was noted to interfere with activities of daily living and daily functioning around the house. He reported to lay down in bed most of the day. The treatment plan included psych treatment and medications. Several documents within the submitted medical record are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methocarbamol 750 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are status post C6 - C7 with radiculopathy; cervical facet arthropathy; status post cervical laminectomy syndrome; and depression. The documentation indicates the injured worker was on Methocarbamol (Robaxin) as far back as October 24, 2014. This is the earliest progress note in the medical record and the start date is unclear. Methocarbamol was requested and noncertified on November 24, 2014. The injured worker continued to take Methocarbamol. In a progress note dated February 18, 2015, Methocarbamol was helpful. There was no documentation in the medical record indicating objective functional improvement with ongoing Methocarbamol. Additionally, the guidelines recommend most of relaxants short-term (less than two weeks) for treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. The injured worker is treated for cervical complaints including radiculopathy, facet arthropathy and cervical laminectomy syndrome. The guidelines recommend short-term (less than two weeks) use. The treating physician exceeded the recommended guidelines by continuing treatment, at a minimum, in excess of five months without a compelling clinical indication. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term treatment (less than two weeks) treatment of low back pain, Methocarbamol 750 mg #120 is not medically necessary.