

<b>Case Number:</b>	CM15-0068362		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	11/05/2000
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40 year old male, who sustained an industrial injury on November 5, 2000. The injured worker was diagnosed as having failed back surgery syndrome, bilateral L5 radiculopathy with bilateral lower extremity weakness, lumbar post-laminectomy syndrome, lumbar stenosis, lumbar facet joint pain, and lumbar sprain/strain. Treatment to date has included lumbar fusion and medication. Currently, the injured worker complains of bilateral low back pain radiating into the buttocks and bilateral thighs and calves. The Primary Treating Physician's report dated February 18, 2015, noted the injured worker's current medications as Norco, Prilosec, Capsaicin, and Robaxin. Lumbar range of motion (ROM) was noted to be restricted by pain in all directions, with spasms of the lumbar paraspinal muscles overlying the L1 to L5 region. Lumbar discogenic provocative maneuvers were noted to be positive. The treatment plan was noted to include prescriptions for Methocarbamol, Hydrocodone, and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 500 MG #90 with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** This patient presents with low back pain that radiates into the buttocks, posterior calves and thighs. The current request is for METHOCARBAMOL 500MG #80 WITH 1 REFILLS. The Request for Authorization is dated 02/23/15. The MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." This patient has been utilizing Methocarbamol for his complaints of muscle spasms since at least 09/03/14. The treating physician notes in this progress reports that "Methocarbamol meets the MTUS and ODG guidelines as it provides 50% improvement of spasm with maintenance of his activities of daily living." Although efficacy has been documented, the MTUS Guidelines do not recommend the use of Methocarbamol for longer than 2 to 3 weeks. Given that this medication has been prescribed for long-term use, recommendation for further use cannot be supported. The requested Methocarbamol IS NOT medically necessary.