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| Case Number: | CM15-0075074 | | |
| Date Assigned: | 06/11/2015 | Date of Injury: | 03/22/2013 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 04/15/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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: Preventive Medicine, Occupational 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 54 year old female who sustained an industrial injury on 3/22/13. The injured worker was diagnosed as having chronic low back pain and discogenic low back pain. Currently, the injured worker was with complaints of lower back pain. Previous treatments included medication management, massage, acupuncture treatment, exercise and physical therapy. The injured workers pain level was noted as 2-3/10. Physical examination was notable for lumbar spine tender in the paraspinal muscles and right knee tender with crepitus at the joint. The plan of care was for medication prescriptions. She remains at work and utilizes a muscle relaxant for flare-ups. the prescription amounts are much less than full dose/frequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 500mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain) Page(s): 64, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: MTUS Guidelines are not supportive of the long-term chronic use of muscle relaxants; however the Guidelines do support intermittent short term use of distinct flare-ups. This individual meets these criteria as it is documented that she has distinct flare-ups and utilizes the muscle relaxant on an as needed basis which is much less than full dose daily amounts (#30 lasts a month or more). She has also maintained function as evidenced by continued work activities. Under these circumstances, the Methocarbamol 500mg is supported by Guidelines and is medically necessary.