

<b>Case Number:</b>	CM15-0078954		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	01/24/1998
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 53 year old male who sustained an industrial injury on January 24, 1998. He has reported a back injury and has been diagnosed with status post lumbar spine laminectomy with decompression with residual spinal stenosis at lumbar level, left T10-12 neural foraminal severe impingement from thoracic disc disease, and mild compression fractures T10-12. Treatment has included surgery, medications, physical therapy, chiropractic care, and aquatic exercises. Recent complaints included difficulty sleeping, lightheadedness, dyspnea on exertion, ringing in the ears, and a fast heart rate. The treatment request included methocarbomal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription for Methocarbomal 750mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation. Methocarbamol is not medically necessary and the original UR decision is upheld.