



1000 West 140<sup>th</sup> Street #201  
Burnsville, MN 55337

June 10<sup>th</sup>, 2024

RE: [REDACTED]  
DOB: [REDACTED]

To Whom it May Concern:

I am writing on behalf of my patient, [REDACTED] to document medical necessity for the requested medication of Methocarbamol. This letter serves to document the necessity of this medication. On behalf of the patient, I am requesting prompt approval.

[REDACTED] female who presented to our clinic for an evaluation of left sided low back pain on 06/20/23. Ms. [REDACTED] has continued to follow up in our clinic due to continuing low back pain. At Ms. [REDACTED]'s visits, treatment options were discussed, including conservative measures, trigger point injections, and medication management. Ms. [REDACTED] was in agreement with this plan. It was determined that due to the symptoms of low back pain and the fact that her pain has been impacting her quality of life, she was prescribed Methocarbamol. The Methocarbamol is being prescribed as an adjunct treatment for acute musculoskeletal pain alongside other conservative treatment such as rest and physical therapy.

Ms. [REDACTED] has had to limit her activities of daily living and her symptoms have impacted on her quality of life. Ms. [REDACTED] has attempted and failed several conservative treatment options including multiple trigger point injections, physical therapy, chiropractic care, massage therapy, exercise, heat, ice, stretching, prescription medications, over-the-counter analgesics, and activity modifications. Ms. [REDACTED] continues to have significant pain despite attempts at conservative treatment. We are providing current medical records for your re-consideration with this request.

Based on the above facts, I am confident that you will agree that the requested Methocarbamol 500mg Oral Tablet is indicated and is medically necessary for this patient. Please provide prompt approval for this service.

If you should have any further questions or require any additional information other than what is provided in this letter, please contact me at (763) 302-2465. Thank you for your prompt attention to this matter

Sincerely,

TCOmn.com

Phone (952) 808-3000 • Fax (962) 808-3001



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Dr. Robalee Wanderman