

Case Number:	CM13-0015242		
Date Assigned:	10/11/2013	Date of Injury:	01/19/2000
Decision Date:	01/28/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50 year old male who reported an injury on 01/19/2000. The mechanism of injury was not submitted. The patient complained of back and neck pain. The patient was diagnosed with musculoskeletal neck pain, mechanical back pain and factitious seizure disorder. The patient has been recommended pain medication and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Norco 10/325 mg #180 with 4 refills between 7/8/2013 and 12/27/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): s 82-85.

Decision rationale: CA MTUS Chronic Pain Medical Treatment guidelines state opioids appear to be effective but limited for short-term pain relief and is not recommended for long-term use. Guidelines recommend opioids for moderate to moderately severe pain with the use of NSAIDs, acetaminophen, and aspirin. Guidelines also state a concern of continuous use of opioids is tolerance, opioid-induced hyperalgesia, long range adverse effects such as hypogonadism and/or

opioid abuse, and the influence of placebo as a variable for treatment effect. Guidelines recommend objective documentation showing improvements in outcomes such as measures of functioning, appropriate medication use, and side effects with use of opioids greater than 70 days. Measures of pain assessment that allow for evaluation of the effectiveness of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Although the clinical documentation submitted for review states that the patient's pain level is 4/10 when using his medication and 9-10/10 without medication, no objective clinical documentation was submitted to show the efficacy of the patient's pain medication or the patient's functional status as recommended in the guidelines. As the submitted documentation does not meet the guideline recommendation, this request is non-certified.

Prospective request for 1 prescription of Robaxin 750mg #120 with 4 refills between 7/8/2013 and 12/27/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): s 63-64.

Decision rationale: CA MTUS Chronic Pain Medical Treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option 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. Effectiveness appears to decrease over time, and prolonged use of some medications in this class may lead to dependence. The clinical documentation submitted for review does not show any findings that the patient has muscle spasms to meet guideline criteria. Also, objective improvement with the use of this medication was not provided to support continuation. As the submitted documentation does not meet recommended guidelines, the request is non-certified.