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| Case Number: | CM13-0015966 | | |
| Date Assigned: | 10/10/2013 | Date of Injury: | 12/06/2006 |
| Decision Date: | 02/10/2014 | UR Denial Date: | 08/16/2013 |
| Priority: | Standard | Application Received: | 08/23/2013 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee, who have filed a claim for chronic low back pain, hip pain, sacroiliac joint pain, and sciatica reportedly associated with an industrial injury of December 6, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; proton pump inhibitors; antidepressants; and extensive periods of time off of work. In a Utilization Review Report of August 16, 2013, the claims administrator approved a request for Neurontin, denied a request for Robaxin, approved a request for Relafen, and partially certified a request for Norco for weaning purposes. The applicant's attorney subsequently appealed. An earlier progress note of August 12, 2013 is notable for comments that the applicant is having severe muscle spasms and severe withdrawal. He is here for medication refills. He is presently on Neurontin, Robaxin, Relafen, and Norco. He is reportedly disabled, living alone, smoking, drinking occasionally, and not working at this time. He exhibits a slow and antalgic gait. Multiple medications are refilled. It does not appear that the applicant is working. A later note of September 4, 2013 is again notable for comments that the applicant reports a high level of pain, 8/10, again reports psychological stress and spasms. He is again issued multiple refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg, #60: Upheld

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

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

Decision rationale: As noted on Page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended on a short-term basis to treat acute exacerbations of chronic low back pain. In this case, however, the attending provider is apparently furnishing 60 tablets per month, implying that the applicant is using Robaxin twice daily. This is not indicated, particularly in light of the applicant's failure to affect any lasting benefit or functional improvement through prior usage of the same. The applicant's failure to return to any form of work and continued dependence on various medications and medical treatments, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified

Hydrocodone-Acetaminophen 7.5/500mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, the applicant does not seemingly meet any of the aforementioned criteria. The applicant has seemingly failed to return to work. There is no evidence of improved performance of activities of daily living or reduced pain scores generated as a result of ongoing opioid usage. If anything, the applicant's pain appears heightened from visit to visit, implying that ongoing usage of hydrocodone acetaminophen has in fact been unsuccessful. Accordingly, the request is not certified.