

Case Number:	CM13-0017854		
Date Assigned:	10/11/2013	Date of Injury:	12/02/2003
Decision Date:	08/04/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/28/2013

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. The expert 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 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/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 claimant was injured on December 2, 2003. Several medications are under review. She saw [REDACTED] on May 16, 2013. She still had high pain levels but was doing fairly well with Prozac and Cymbalta. Her depression was under good control. She saw [REDACTED] on July 29, 2013. She complained of neck and back pain on the right side. It also goes into her right leg and sometimes the right side of her head. She was walking and swimming for exercise. She needed to take a little bit of extra Vicodin to maintain her activities. Her mood had been mostly stable. She was taking Vicodin and ibuprofen routinely. She was also using Robaxin twice daily routinely. This was for muscle tightness and spasms. She was using Voltaren gel after she used everything else if she was still in pain. Her medications included ibuprofen, LA pain cream, dialysis, Robaxin, gabapentin, Flexeril, Vicodin, Voltaren gel, Vicodin 5-500 and hydrocodone acetaminophen 5-500. (The medication list appears to be duplicative.) She was also taking Cymbalta and Prozac. She was not in acute distress. She was prescribed hydrocodone, ibuprofen, Robaxin, gabapentin, and Voltaren gel. Vicodin was discontinued. She saw [REDACTED] on August 29, 2013. She was doing well with Cymbalta and Prozac. She had stopped the Topamax and was no longer on narcotics. She was less depressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg, sixty count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers Page(s): 97.

Decision rationale: The history and documentation do not objectively support the request for ongoing use of Robaxin 500 mg. The Chronic Pain Medical Treatment Guidelines state for muscle relaxants for pain: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. Additionally, the Chronic Pain Medical Treatment Guidelines state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. (Mens 2005) The medical documentation provided does not establish the need for long-term/chronic usage of Robaxin, which Chronic Pain Medical Treatment Guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimants pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, the request for Robaxin 500mg, sixty count with three refills, is not medically necessary.

Voltaren 1% gel, three count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no

evidence of failure of all other first line drugs. The claimant received refills of multiple other medications and it is not clear what additional objective or functional improvement she receives specifically from the use of this topical agent. The request for Voltaren 1% gel, three count with three refills, is not medically necessary or appropriate.

Hydrocodone/acetaminophen 5/500, 100 count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110.

Decision rationale: The Chronic Pain Medical Treatment Guidelines outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen, nonsteroidal anti-inflammatory drugs, antidepressants, and antineuropathic medications. The Chronic Pain Medical Treatment Guidelines further explains, "pain assessment should include: 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." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefit she receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of hydrocodone-acetaminophen is unclear other than she takes it and it helps her. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. The request for Hydrocodone/acetaminophen 5/500, 100 count with three refills, is not medically necessary or appropriate.