

<b>Case Number:</b>	CM13-0019948		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/18/2009
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Orthopedic Surgery, 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 claimant is a sixty one year old gentleman who was injured 05/18/09. Recent clinical report of August 30, 2013 indicates the claimant to be with continued complaints of chronic low back pain, essentially with failed low back syndrome with continued complaints of low back pain radiating to the bilateral buttocks and lower extremities. Treating physician at that date, [REDACTED] indicates the claimant's request for continued use of MS Contin, Percocet and Robaxin had recently been denied. He states at that time the claimant was with a diagnosis of failed back syndrome surgery and has been utilizing the medications in the form of MS Contin and Percocet for pain control that had minimized visual analog scale pain scores from 9 out of 10 to 5 to 6 out of 10 and without these medications the claimant is suffering declining function and may ultimately result in hospitalization. He indicates that urine drug screens in the claimant's chronic course of care have been consistent with proper use of the medication and that he appealed the decision for use of both agents at present. There is also an appeal for the denial of the use of Robaxin as he states the claimant is with spasm and indicates that this medication is helping his use of spasm two to four times per week. Further clinical records are not supported. The treating physician clearly indicates that the claimant is status post a permanent spinal cord stimulator placement as well as previous lumbar procedure including a failed two level L4-5 and L5-S1 fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg 1 tab p.o. b.i.d # 60 with zero refills: Overturned**

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

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

**Decision rationale:** Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, continued use of MS Contin in this case would appear medically necessary. Appeals that were filed by treating physician indicates that the claimant had demonstrated significantly diminished visual analog scale pain scale scores and was with significant history of the lumbar spine including failed low back syndrome following failed two level lumbar fusion that ultimately resulted in spinal cord stimulator placement. For this reason, the continued use of this long acting narcotic analgesic in the form of MS Contin would appear to be medically necessary at present.

**Robaxin 750mg 1 tab p.o. b.i.d p.r.n. spasm # 30 with zero refills ( prescribed 8/12/13):**  
Upheld

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

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

**Decision rationale:** Based on California Medical Treatment Utilization Schedule (MTUS) Guidelines, the role for Robaxin as prescribed 08/12/13 would not be indicated. For use in the chronic pain setting, muscle relaxants are only recommended for short term use of exacerbation and not indicated for chronic or continued use demonstrating high evidence of adverse effects and side effect profile. The effects of muscle relaxants diminish over time. As guideline criteria cannot support the role of long acting use of muscle relaxants, this specific request in this case for Robaxin would not be indicated particularly due to no significant change in the claimant's symptoms or symptomatology at recent clinical records reviewed.

**MS Contin 15mg 1 tab p.o. b.i.d # 60 with zero refills times two:** Upheld

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

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

**Decision rationale:** The support for MS Contin in the second request in this case that would have included two refills is not supported. MS Contin was previously supported by prior question in this case and there would be no indication for a second prescription of the similar medication, particularly with multiple refills given its controlled substance status.

**Robaxin 750mg 1 tab p.o. b.i.d p.r.n. spasm # 30 with zero refills:** Upheld

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

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

**Decision rationale:** As stated in question #2 the continued role of Robaxin in this case would not be indicated per California Medical Treatment Utilization Schedule (MTUS) Guidelines. Specific clinical request for this agent in this case would not be supported. Based on the claimant's chronic history and guidelines not supporting the use of muscle relaxants in the chronic setting.

**Percocet 10/325 mg 1 tab p.o. bid p.r.n breakthrough pain # 60 with zero refills times two:**  
Upheld

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

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

**Decision rationale:** Based on per California Medical Treatment Utilization Schedule (MTUS) Guidelines, the role of Percocet would not be supported. The claimant is being treated for chronic pain management in a chronic setting for a chronic diagnosis of failed lumbar spine syndrome. At present, there would be no indication for the acute need of short acting narcotic analgesics in this case. The claimant's medical treatment should be well managed by long acting narcotic analgesics that were supported in the form of MS Contin. The continued role of this short acting agent for "breakthrough pain" is not indicated.