

Case Number:	CM13-0024815		
Date Assigned:	12/11/2013	Date of Injury:	11/23/1998
Decision Date:	01/23/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/16/2013

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.

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 55-year-old male patient suffered a traumatic fracture of his left talus. He underwent open reduction internal fixation, following which he developed posttraumatic degenerative changes necessitating subtalar arthrodesis. He has developed posttraumatic degenerative changes and reportedly is a candidate for total ankle replacement according to the records provided. The records also reflect that he has apparently been complaining of back pain and is also under care in that regard. Records reflect that he has been treated with a variety of medications. Most recently, he has been provided prescriptions with Robaxin and Norco, which are the focus of this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

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

Decision rationale: The CA MTUS Guidelines specifically state that medications such as Robaxin are indicated as a second line drug for temporary flares or short term use of back spasms and acute back pain. The records would appear to document this gentleman has been receiving this medication chronically and is not currently in the midst of a flare or change in his clinical symptoms. As such, and in consideration of the MTUS Guidelines, this gentleman

would not appear to be a reasonable or appropriate candidate for the continuation of Robaxin. Thus, the request would not be considered reasonable and medically necessary.

Decision for Norco 7.5/325mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The CA MTUS Guidelines discuss the chronic use of narcotic medications in depth. They point out that the medical records should document pain relief and improve function with the medication use. Records should clearly document no evidence of side effects and/or aberrant pain behaviors. Further drug screens, etc., should also be completed. The records reflect that the patient clearly has developed post traumatic degenerative osteoarthritis of his ankle. He is apparently a candidate for surgical treatment. While the clinical history would certainly appear to necessitate some degree of chronic pain medication requirements, the medical records, themselves, do not appear to fulfill MTUS criteria in terms of appropriate documentation of the benefits of ongoing narcotic utilization, appropriate monitoring, and ruling out aberrant behaviors. In fact, other than documenting this gentleman reports ongoing pain complaints, which appear to be clinically worsening, hence the necessity for consideration of surgical fusion. The records, themselves, do not appear to document and provide sufficient documentation to warrant continuation of narcotic pain medication. Thus, it would not appear to fulfill CA MTUS criteria. Of note, the medications should not be stopped abruptly. Chronic narcotic utilization requires appropriate weaning using an appropriate weaning schedule, and hence the medication should be tapered, not abruptly discontinued.