

Case Number:	CM13-0029202		
Date Assigned:	03/17/2014	Date of Injury:	12/17/2009
Decision Date:	07/30/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/24/2013

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 patient is a 35-year-old male who has submitted a claim for chronic knee right pain status post open reduction/ internal fixation of displaced, depressed, and comminuted right lateral tibial plateau fracture associated with an industrial injury date of 12/17/2009. Medical records from 04/28/2011 to 09/16/2013 were reviewed and showed that patient complained of chronic right knee pain (grade not specified) with no associated radiation. Physical examination revealed a limp gait favoring the right lower extremity and tenderness over the lateral joint line. Atrophy of the right vastus medialis obliquus musculature was noted. There was right knee muscle weakness (4/5) demonstrated with flexion and extension. Right knee MRI dated 02/01/2012 revealed excessive metallic artifact overlying the proximal tibia related to prior surgery and mild chondromalacia patella. Treatment to date has included open reduction/ internal fixation of displaced, depressed and comminuted right lateral tibial plateau fracture (12/18/2009) , physical therapy, home exercise program, and pain medications. Utilization review, dated 09/16/2013, denied the request for prescription of Robaxin 750mg and Norco 10/325mg because insufficient information has been provided to establish medical necessity for the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

Decision rationale: According to pages 64-65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Methocarbamol (Robaxin) is used to decrease muscle spasm in conditions such as low back pain. Its mechanism of action is related to central nervous system depressant effects. In this case, there are no objective findings of muscle spasms in the patient. There is no discussion explaining the need for Robaxin use. The quantity of Robaxin requested is likewise not specified. Therefore, the request for prescription of Robaxin 750mg is not medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed Norco 10/325mg q4-6h since 09/27/2010. However, there was no documentation of analgesia, functional improvement, or recent urine toxicology reviews. It is unclear as to why continuation of Norco is needed. The quantity of Norco requested is not specified as well. Therefore, the request for prescription of Norco 10/325mg is not medically necessary.