

<b>Case Number:</b>	CM13-0035172		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/16/1999
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 patient is a 52-year-old male who reported a work-related injury on 11/16/1999, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: status post cervical spine discectomy, strain/sprain of the lumbar spine superimposed on degenerative arthritis, and erectile dysfunction. Clinical note dated 09/23/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient reports her rate of pain at a 4/10 to 5/10. The provider documented the patient utilizes Vicodin, Celebrex, and Robaxin. The provider documented upon physical exam of the patient, range of motion of the cervical spine was noted to be at 45 degrees flexion, 40 degrees extension, 70 degrees bilateral lateral rotation. Exam of the lumbar spine revealed 50 degrees of flexion, 20 degrees extension, 20 degrees bilaterally of lateral bend. The provider documented prescriptions were rendered for Vicodin 500, Robaxin 750, and Celebrex 200 mg, each with 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 500mg, #100 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-94.

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

**Decision rationale:** The current request is not supported. The clinical notes document the patient presents status post a work-related injury sustained in 1999. It is unclear the duration of use of this medication, frequency of use of this medication, and the clear efficacy of this intervention per the patient's pain complaints. California MTUS indicates, "4 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 potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking 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." Additionally, the current request is for 5 refills of this medication. Without clear documentation of the patient's reports of efficacy with his medication regimen, the current request cannot be supported. As such, the request for Vicodin 500mg, #100 with 5 refills is not medically necessary or appropriate.

**Robaxin 750mg, #100, 5 refills:** Upheld

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

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

**Decision rationale:** The current request is not supported. The clinical notes document the patient presents status post a work-related injury sustained in 1999. It is unclear the duration of use of this medication, frequency of use of this medication, and the clear efficacy of this intervention per the patient's pain complaints. California MTUS indicates Robaxin is in the antispasmodic drug class. The mechanism of action is unknown, but it appears to be related to central nervous system depressant effects with related sedative properties. Medications in this drug class are to be utilized for a short length of time. It is unclear how long the patient has been utilizing this medication and the clear efficacy of treatment. Given the above, the request for Robaxin 750mg, #100, 5 refills is not medically necessary or appropriate.

**Celebrex 200mg, #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 30.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** California MTUS guidelines indicate that Celebrex is an NSAID and is the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There was a lack of documentation indicating the functional benefit received from the medication and an objective decrease in the patient's VAS

score. There is a lack of documentation indicating the necessity for 5 refills without reassessment. Given the above, the request for Celebrex 200mg, #30 with 5 refills is not medically necessary.