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| <b>Case Number:</b>   | CM13-0047152 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 04/13/2000 |
| <b>Decision Date:</b> | 04/04/2014   | <b>UR Denial Date:</b>       | 10/22/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/05/2013 |

### 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 and Rehabilitation, has a subspecialty in Pain 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 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 injured worker is a 57-year-old female who sustained an injury on April 13, 2000. The current diagnoses include chronic low back pain, bilateral shoulder pain, and neck pain. The patient has had an MRI of the lumbar spine performed in June 2010 that demonstrated right-sided foraminal disc at L4-5 and central disc protrusion at L5-S1 with retrolisthesis at this level. The patient has had previous lumbar epidural steroid injection on May 10, 2013. The disputed issues include a request for Robaxin and Norco, which were modified by a utilization review determination. Specifically the Robaxin 750 mg was changed from a quantity of 120 to 60. The Norco 10/325 mg was changed from a quantity of 360 to a quantity of 180. The rationale for the reduction of Norco was that the records "do not document a response in regards to pain control and functional improvement to opioid analgesic." There was also noted to be no documentation of response to non-opioid therapy. Another issue was that urine drug screens were not documented in the records provided. Therefore in opiate taper was recommended. With regard to Robaxin, the utilization reviewer cited that guidelines do not recommend muscle relaxants for long-term use and a taper was recommended of this medication as well. The date of this retrospective request was September 24, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10/325mg, 4 tablets a day, #360: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids, Criteria for Use. Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Section Page(s): 76-80.

**Decision rationale:** In the case of this injured worker, a review of the progress note from September 24, 2013 fails to document functional benefit from narcotic pain medication. The patient is noted to have previous benefit from lumbar epidural steroid injection, but there is no discussion of the benefit of opioid medication. Under the current medications section of this note, there is documentation that Norco is being taken 4 times per day. There is no documentation of monitoring for aberrant behaviors such as use of random urine drug screens or querying the Cures database. Given this, the criterion for opiate medication is not met and the utilization review determination is upheld.

**Retro Robaxin 750mg, 1 to 2 day, #120:** Upheld

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

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

**Decision rationale:** In the case of this injured worker, there is documentation in a progress note from September 24, 2013 that the patient is experiencing a lot of back spasms. The utilization reviewer had noncertified the request for Robaxin at 4 times a day, and cited that this should be used for the short-term. The original request was recommended to be modified to twice daily. The progress note associated with this request actually indicates that the Robaxin request on September 24, 2013 is a new request and patient had not previously been taking this medication. The guidelines do allow for this to be dosed at 4 times per day. This retrospective request is recommended for certification.