

Case Number:	CM13-0054480		
Date Assigned:	12/30/2013	Date of Injury:	11/03/2010
Decision Date:	03/25/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/19/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 50-year-old male who reported an injury on 11/03/2010. The mechanism of injury was stated to be the patient stepped into a hole in the tile floor while cleaning equipment and fell backwards onto his buttocks and low back. The patient's current medications per the most recent clinical documentation were noted to be Motrin and Vicodin. The patient had 2 weeks of physical therapy and the patient was prescribed morphine for pain. The patient admitted using heroin over the past year to help ease pain. The patient stopped as the patient felt he messed up and stopped. The patient's pain was in the low back and bilateral legs. The physical examination revealed the patient had a VAS score of 8/10. The patient's gait was forward flexed at the lumbar spine and slow and deliberate. Pain was elicited over the bilateral lumbar paraspinal muscles and third and fourth lumbar paraspinal processes. The range of motion was noted to be decreased. The strength was 4/5 in the bilateral quadriceps, gastrocnemius/gastrosoleus, and iliopsoas. The patient had decreased sensation to light touch in the bilateral L5 distribution. The patient was informed that the medications were going to be provided for pain and the patient was not to use any street drugs or the medications would be stopped. The patient indicated he understood per documentation. The recommendation was for a lumbar belt to assist with low back condition and a refill of Norco and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1-2 tabs 2-3 times a day #180, refill 1 QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids, Ongoing Management Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Medications for Chronic Pain Ongoing Management Page(s): 60, 78.

Decision rationale: The patient was previously prescribed morphine per the patient. There was a lack of documentation indicating whether the opiate provided an objective decrease in the VAS score. There was a lack of documentation indicating a necessity for a refill times 1 without reassessment due to the patient's history of drug abuse. Given the above, the request for Norco 10/325 mg 1 to 2 tabs 2 to 3 times a day #180 refill 1 quantity 120 is not medically necessary.

Robaxin 750mg twice a day 360, refill 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Muscle Relaxants Page(s): 63.

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are prescribed as a second line option for short-term treatment in acute low back pain and are appropriate for less than 3 weeks in duration. The clinical documentation submitted for review failed to indicate the patient had low back spasms to support ongoing treatment. Additionally, as the medication is indicated for less than 3 weeks. There is a lack of documentation indicating a necessity for 60 tablets as well as a refill times 1 without re-evaluation. Given the above, the request for Robaxin 750 mg twice a day, #60, refill 1 is not medically necessary.