

Case Number:	CM13-0057853		
Date Assigned:	12/30/2013	Date of Injury:	02/26/2001
Decision Date:	03/20/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 and Pain Management, has a subspecialty in Interventional Spine 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:

This is a 51-year-old male who was injured on February 26, 2001. According to the October 31, 2013 report, there is improvement in the neck pain and radiating upper extremity pain following the cervical epidural steroid injection (CESI) on October 29, 2013. There is history of multiple surgeries including laminectomy/facetectomy and posterior lumbar interbody fusion (PLIF) L4/5 and L5/S1 on May 6, 2003, anterior cervical discectomy fusion (ACDF) C5/6, C6/7, C7/T1 on November 4, 2003, lumbar hardware removal on August 30, 2004; extension of fusion to L3/4 on January 7, 2008, he had lumbar extreme lateral interbody fusion (XLIF) at L2/3 and L3/4 on February 11, 13. His medications on October 31, 2013 include Norco 10/325mg every six (6) hours, #120, Soma 350mg four (4) times per day, #120; Motrin 800mg three (3) times per day; Robaxin 500mg two (2) tablets two (2) times per day. The medications stayed the same from September 19, 2013, despite the October 29, 2013 CESI. There is no discussion of medication efficacy on the May 24, 2013, July 5, 2013, September 19, 2013 or October 31, 2013 medical reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) prescription of Robaxin 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin®), Relaxin®ç, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints and Muscle relaxants (for pain) Sections Page(s): 8-9, 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life," and that "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The guidelines state that non-sedating muscle relaxants are for short-term use for acute exacerbations of chronic low back pain. The Chronic Pain Medical Treatment Guidelines state that Robaxin has sedating properties and therefore does not appear recommended. The patient presents with neck and back pain. The records show that he was using Robaxin 500mg two (2) tabs, twice a day on May 24, 2013 and continued this dosage through October 31, 2013. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Robaxin. The California MTUS guidelines do not recommend continuing treatment if there is not a satisfactory response. Therefore, the request is not medically necessary or appropriate.

one (1) prescription of Norco 10/325, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Section Page(s): 8-9.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life," and that "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The patient presents with neck and back pain. His medications on October 31, 2013 include Norco 10/325mg every six (6) hours, #120, Soma 350mg four (4) times per day, #120; Motrin 800mg three (3) times per day; Robaxin 500mg two (2) tablets two (2) times per day. The medications stayed the same from September 19, 2013, despite the October 29, 2013 CESI. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. The California MTUS guidelines do not recommend continuing treatment if there is not a satisfactory response. Therefore, the request is not medically necessary or appropriate.

1) prescription Soma 350mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma® (carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section Page(s): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines specifically state that Soma is not recommended for use over 3-weeks. The patient has been on this medication over 5 months; continued use of Soma exceeds the California MTUS guidelines recommended limit. Therefore, the request is not medically necessary or appropriate.