

Case Number:	CM13-0065854		
Date Assigned:	01/03/2014	Date of Injury:	10/02/2005
Decision Date:	05/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 33-year-old female with an injury date of October 2, 2005. Based on the November 26, 2013 progress report provided by [REDACTED], the patient's diagnosis include upper lumbar L1-L2 disc bulge, central T12-L1 disc bulge, low back pain, upper lumbar sprain/strain, thoracic sprain/strain, and thoracic spine pain. [REDACTED] is requesting Norco 10/325 mg #60 with 3 refills, Percocet 7.5/325 mg #60 with 3 refills, and Robaxin 750 mg #60 with 2 refills. The utilization review determination being challenged is dated December 6, 2013 and recommends denial of the Norco, Percocet, and Robaxin. [REDACTED] is the requesting provider, and he provided treatment reports from January 23 to December 12, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, SIXTY COUNT WITH THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Opioid Use Section Page(s): 88-89.

Decision rationale: According to the November 26, 2013 progress report by [REDACTED], the patient present with upper lumbar L1-L2 disc bulge, central T12-L1 disc bulge, low back pain,

upper lumbar sprain/strain, thoracic sprain/strain, and thoracic spine pain. The request is for Norco 10/325 mg sixty count with three refills. Review of the reports shows that the patient first took Norco on January 23, 2013. According the Chronic Pain Medical Treatment Guidelines, "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." For chronic opiate use, the Chronic Pain Medical Treatment Guidelines states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, pain and functional assessment using a numerical scale or a validated instrument is lacking. There are no reports indicating what the impact Norco has had on this patient in terms of pain and function. The request for Norco 10/325 mg, sixty count with three refills, is not medically necessary or appropriate.

PERCOCET 7.5/325 MG, SIXTY COUNT WITH THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Long-Term Opioid Use Section Page(s): 88-89.

Decision rationale: According to the November 26, 2013 progress report by [REDACTED], the patient present with upper lumbar L1-L2 disc bulge, central T12-L1 disc bulge, low back pain, upper lumbar sprain/strain, thoracic sprain/strain, and thoracic spine pain. The request is for Percocet 7.5/325 mg, sixty count with three refills. Review of the reports shows that the patient first took Percocet on January 23, 2013. For chronic opiate use, the Chronic Pain Medical Treatment Guidelines require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs [activities of daily living], adverse side effects, and adverse behavior) are required. Furthermore, under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. There are no discussions regarding any functional improvement specific to the opiate use. None of the reports discuss any significant change in ADLs, change in work status, or return to work attributed to use of Percocet. The request for Percocet 7.5/325 mg, sixty count with three refills, is not medically necessary or appropriate.

ROBAXIN 750 MG, SIXTY COUNT WITH TWO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®®, Amrix®®, Fexmid®®, Generic Available) Section Page(s): 64.

Decision rationale: According to the November 26, 2013 progress report by [REDACTED], the patient present with upper lumbar L1-L2 disc bulge, central T12-L1 disc bulge, low back pain,

upper lumbar sprain/strain, thoracic sprain/strain, and thoracic spine pain. The request is for Robaxin 750 mg, sixty count with two refills. Review of the records shows that the patient first took Robaxin on June 20, 2013. The Chronic Pain Medical Treatment Guidelines states "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." The Chronic Pain Medical Treatment Guidelines does not recommend long-term use of muscle relaxant and recommends using three to four days for acute spasms and no more than two to three weeks. The request for Robaxin 750 mg, sixty count with two refills, is not medically necessary or appropriate.