

Case Number:	CM14-0001599		
Date Assigned:	01/22/2014	Date of Injury:	11/26/2012
Decision Date:	06/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 50-year-old male who reported an injury on 11/26/2012 due to a fall of approximately 20 feet. The injured worker reportedly sustained an injury to left sided body parts to include pelvis, low back, hips, and left knee. The injured worker underwent open reduction and internal fixation of the pelvis and participated in postoperative physical therapy. The injured worker underwent removal of the pelvic hardware on 11/22/2013. Postoperative pain was controlled with medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was treated by multiple providers. The requesting provider evaluated the injured worker on 11/25/2013. It was noted that the injured worker had ongoing low back pain rated at an 8/10 that was improved to a 3/10 with Norco usage. Physical findings included restricted range of motion secondary to pain with a straight leg raising test positive bilaterally. The injured worker's diagnoses included end stage osteoarthritis of the left knee, unstable pelvic ring fracture, and left lower extremity neuropathic pain. The injured worker's treatment plan included refill of Norco to assist with pain control and a prescription of Robaxin to treat significant muscular spasming.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior with urine drug screens. However, it is also indicated that the injured worker is receiving multiple medications from several different physicians. The California Medical Treatment Utilization Schedule recommends that all opioids be prescribed by a single treating provider. Additionally, the California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review failed to identify an increase in functional capabilities related to medication usage. Furthermore, the request as it is submitted does not clearly identify a dosage or frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Norco #120 is not medically necessary or appropriate.

ROBAXIN 750MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS,.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends muscle relaxants for acute exacerbations of chronic pain for short durations of treatment. The clinical documentation submitted for review does not provide any evidence that the injured worker has a history of taking this medication. The clinical documentation does indicate that the injured worker has muscle spasming that would benefit from a muscle relaxant. However, the request as it is submitted does not clearly identify of frequency of treatment. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested Robaxin 750 mg #120 is not medically necessary or appropriate.