

<b>Case Number:</b>	CM14-0106295		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/05/2002
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 and 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 57-year-old female who reported an injury on 11/05/2002 due to a fall. The injured worker's diagnoses were lumbosacral joint ligament sprain, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, thoracic or lumbar neuritis or radiculitis unspecified, postlaminectomy syndrome in lumbar region, carpal tunnel syndrome, and long-term use of current medication. The injured worker's past treatments were an implantable pulse generator, medications and psychotherapy. Surgical history includes laminectomy and fusion of the lumbar region. The injured worker complained of chronic back pain. On physical examination dated 07/15/2014, there was tenderness to palpation on the right elbow noted in physical exam that range of motion was assessed but no results revealed. The injured worker's medications were Zofran 4 mg, Robaxin 750 mg, Neurontin 300 mg, Norco 10/325 mg, Nucynta 50 mg, and Percocet 5/325 mg. The treatment plan was for the request of Percocet 5/325 mg, Nucynta 50 mg, and Robaxin 750 mg. The request for rationale was not provided with documentation. The request for authorization form was not provided with documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

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

**Decision rationale:** The request for Percocet 5/325 mg #120 is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include routine office visits and detailed documentation on the extent of pain relief, functional status in regards to activities of daily living, appropriate medication use and/or aberrant drug taking behaviors and adverse side effects. The pain assessment should include current pain, the least reported pain over period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for the pain relief, and how long the pain relief lasts. The documentation that was submitted for review indicates that the injured worker has been complaining of increased pain with a rating of 9/10. There was no objective documentation of the pain rating before and after pain medication are taken, adverse side effects with the use of an opioid, assessment of any issues with aberrant drug taking behavior despite the increase in pain. There was lack of documentation for the ongoing monitoring of opioid to include the 4 domains which is relevant for ongoing monitoring of chronic pain in patient using opioid which include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is lack of documentation within the medical records indicating the efficacy of medication as evidence by significant functional improvement. In addition, there is lack of mention of frequency on the proposed medication. As such, the request is not medically necessary.

**Nucynta 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** The request for Nucynta 50 mg #60 is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include routine office visits and detailed documentation on the extent of pain relief, functional status in regards to activities of daily living, appropriate medication use and/or aberrant drug taking behaviors and adverse side effects. The pain assessment should include current pain, the least reported pain over period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long the pain relief lasts. The documentation that was submitted for review indicates that the injured worker has been complaining of increased pain with a rating of 9/10. There was no objective documentation of the pain rating before and after pain medication are taken, adverse side effects with the use of an opioid, assessment of any issues with aberrant drug taking behavior despite the increase in pain. There was lack of documentation for the ongoing monitoring of opioid to include the 4 domains which is relevant for ongoing monitoring of chronic pain in patient using opioid which include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is lack of documentation

within the medical records indicating the efficacy of medication as evidence by significant functional improvement. In addition, there is lack of mention of frequency on the proposed medication. As such, the request is not medically necessary.

**Robaxin 750 mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Robaxin 750 mg #180 is not medically necessary. According to California MTUS Guidelines, non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most low back pain cases, there is no benefit beyond an NSAID. The injured worker complained of increased pain and rated pain at a 9/10. On clinical documentation dated 12/09/2013, Robaxin 750 mg was part of the medication regimen. There was a lack of documentation within the medical records indicating the efficacy of medication as evidenced by significant functional improvement. The injured worker's pain continues to increase according to submitted documentation. Given the above, the request for Robaxin 750 mg #180 is not medically necessary.