

<b>Case Number:</b>	CM14-0012198		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/26/2001
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Occupational Medicine 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:

This is a 52-year-old male with a date of injury of 2/26/01. The mechanism of injury was not noted. On 12/5/13, he complained of increasing neck pain and upper extremity pain with numbness. He also complained of continued bilateral thigh pain and numbness. On exam the lumbar spine revealed moderate tenderness to palpation and paravertebral muscle spasm. There was restricted range of motion and diminished bilateral lower extremity sensation at anterior thighs. The diagnostic impression is cervical stenosis, cervical and lumbar radiculitis, and cervical and lumbar disc disease. Treatment to date: surgery, physical therapy, medication management. A UR decision dated 12/30/13, modified the request for Norco #120 to #62, and denied the request for Robaxin. The Norco was modified from #120 to #62, because he has been on Norco at least since 12/2012. Despite his prolonged use of Norco, there had been no reporting of functional improvement of pain relief due to the use of Norco in the documents provided. In addition, a previous review on 11/18/13, modified a request for Norco #120 to #90, to allow for proper weaning of this medication. Further weaning of Norco is suggested at this time. The Robaxin was denied because the patient's low back pain had been a chronic condition with no apparent recent acute exacerbation. He also had been taking Soma, another muscle relaxant, and Robaxin, since at least 12/2012. Muscle relaxants should be used for short-term treatment, and prolonged use of Robaxin is not appropriate, especially with his chronic condition and no recent acute flare-ups. In addition, weaning of Robaxin was suggested on 11/18/13, and a request was modified at that time to certify Robaxin 500mg #30. No further weaning of Robaxin appears to be necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78 - 81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There is no CURES Report noted or an opiate pain contract noted. In addition, a previous review on 11/18/13, modified a Norco request for #120 to #90, to allow for a weaning process. This UR decision also modified the Norco request for #120 to #62, to allow for additional weaning of Norco. Therefore, the request for Norco 10/325mg #120, is not medically necessary.

**ROBAXIN 500MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, there was no documentation of an acute exacerbation of the patient's chronic pain. In addition, urine drug screens show that the patient is also taking Soma, another muscle relaxant. It is also noted that a review on 11/18/13, modified a request for Robaxin 500mg #30, to allow for weaning of this medication. No further weaning appears to be necessary at this time. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependences. In addition, the quantity of Robaxin was not specified. Therefore, the request for Robaxin 500mg is not medically necessary.