MAXIMUS Federal Services

Case Number:	CM14-0013969		
Date Assigned:	02/26/2014	Date of Injury:	04/22/2008
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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:

The applicant has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 22, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 15, 2014, the claims administrator partially certified Ultram for weaning purposes, approved a request for Relafen, and denied a request for Methocarbamol outright. The denials and partial certifications were apparently predicated on cited lack of improvement with medications. The applicant's attorney subsequently appealed. In a September 5, 2013 progress note, the attending provider stated that the applicant was continuing with his current work activity as a medical transportation driver and had elected not to pursue surgery. Prescriptions for Nabumetone, Methocarbamol, and Ultram were apparently sought through the request for authorization (RFA) forms dated December 27, 2013. There was no mention or discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOCARBAMOL (ROBAXIN) 500 MG, 1 TABLET TWICE A DAY, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN): METHOCARBAMOL (ROBAXIN) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscles Relaxants Page(s): 7, 63.

Decision rationale: No, the request for Methocarbamol or Robaxin is not medically necessary, medically appropriate, or indicated here. As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as second-line agents for short-term exacerbations of chronic pain. They are not recommended for the chronic, long-term, scheduled, and/or twice daily use for which they are being proposed here. In this case, the attending provider did not, furthermore, furnished any applicant-specific rationale, narrative, or commentary, which would offset the unfavorable MTUS recommendation. The attending provider did not in fact attach a progress note to the request for authorization in question. The attending provider did not discuss medication efficacy and/or the applicant's response to ongoing medication usage, as suggested on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary, for all of the stated reasons.

ULTRAM 50 MG, 1 TABLET TWICE A DAY, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST: TRAMADOL (ULTRAM) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: The request for Ultram, a short-acting opioid, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, it does appear that the applicant has returned to work. However, the attending provider has not discussed ongoing pain relief and/or efficacy of the medications on any recent progress note provided. Therefore, the request is not medically necessary.