

<b>Case Number:</b>	CM14-0124570		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/09/2007
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Physical Medicine and Rehabilitation 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 66-year-old male with a 10/9/07 date of injury. On 7/7/14, there is documentation of subjective ongoing neck and back pain rated 5 out of 10 and objective decreased cervical spine range of motion, positive facet loading and tenderness, negative Spurling's test, lumbosacral, sacroiliac joint and piriformis muscle tenderness, muscle spasm, and positive Lasegue's test bilaterally findings show current diagnoses of lumbosacral spondylosis. Treatment to date includes ongoing treatment with Oxycodone and Robaxin since at least 10/8/12. Regarding Oxycodone 15 MG #180, there is no documentation that continuous, around-the-clock analgesic is needed for an extended period of time, that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions nor an increase in activity tolerance; and or a reduction in the use of medications as a result of Oxycodone use to date. Regarding Methocarbamol 750 MG #150, there is no documentation of acute muscle spasms, the intention to treat over a short course, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and or a reduction in the use of medications as a result of Methocarbamol use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15 MG #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80; 92.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. MTUS Guidelines also requires documentation that the prescriptions are from a single practitioner are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. Any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and or a reduction in the use of medications or medical services. There is documentation of a diagnosis of lumbosacral spondylosis and of moderate pain. However, there is no documentation that continuous, around-the-clock analgesic is needed for an extended period of time. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Given documentation of ongoing treatment with Oxycodone, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and or a reduction in the use of medications as a result of Oxycodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 15 MG #180 is not medically necessary.

**Methocarbamol 750 MG #150:** 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 (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain to be used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. Any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG states that muscle relaxants are recommended for short-term use of less than two weeks treatment. There is documentation of a

diagnosis of lumbosacral spondylosis and of muscle spasms. However, given a 10/9/07 date of injury, there is no documentation of acute muscle spasms. There is documentation of records reflecting prescriptions for Methocarbamol since at least 10/8/12 but there is no documentation of the intention to treat over a short course of less than two weeks. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Methocarbamol use to date. Based on guidelines and a review of the evidence, the request for Methocarbamol 750 MG #150 is not medically necessary.