

Case Number:	CM14-0167737		
Date Assigned:	10/15/2014	Date of Injury:	07/28/2003
Decision Date:	11/18/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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:

There were 45 pages provided for this review. There was a rebuttal letter from October 30, 2014 from the claimant. It was as to why the insurance carrier's denial of the medicines was inappropriate. He stated he was determined to be 73% disabled. The overall disability rating was reduced to about by about 30% by the independent medical examiner. The letter was largely administrative in nature without new clinical information. Regarding the denial of pain medicine, the doctor stated that none of the medicines were medically necessary. The doctor did not believe the claimant was a candidate for surgery. There was an application for independent medical review for the medicines of Norco and Robaxin. It was signed by the claimant on September 17, 2014. There were x-rays from October 25, 2014 showing degenerative changes and straightening of the normal orthotic curve. There was a September 3, 2014 note indicating the patient has neck pain with headaches and low back pain. She did not use the authorized chiropractic treatment due to extenuating circumstances. She still has episodes of numbness in her hands at night which wake her up. She is working part-time and denies any new injuries or accidents since the last visit. The assessments were sprain-strain of the cervical spine, bilateral elbow medial and lateral epicondylitis, left thumb carpal metacarpal joint arthritis, strain-sprain of the right wrist, strain-sprain of the lumbar spine, headaches and facial numbness. She will follow-up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg refills 3: 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 Page(s): 88.

Decision rationale: In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Robaxin 750mg, refill 3: 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 Page(s): 65.

Decision rationale: Methocarbamol (Robaxin, Relaxin, generic available): The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the FDA in 1957. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request was appropriately not medically necessary under MTUS criteria.