

Case Number:	CM14-0174966		
Date Assigned:	10/28/2014	Date of Injury:	01/01/2006
Decision Date:	12/04/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/22/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 46 year old employee with date of injury of 01/01/2006. Medical records indicate the patient is undergoing treatment for neck pain. Subjective complaints include continued moderate burning and spastic neck pain, turning neck bilaterally, looking down and coughing are aggravating. The pain radiates to the patient's hand but medications reduce the pain and allow the patient to work. Objective findings include cervical spine tenderness at C4-6, paraspinal spasm, trapezius trigger points; cervical spine range of motion is restricted. Treatment has consisted of medication management, trigger point injections and physical therapy. The utilization review determination was rendered on 09/27/2014 recommending non-certification of Robaxin 500mg #90 with 3 refills and Norco 10/325mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #90 with 3 refills: 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: MTUS states regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP" and ". . . 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. The medical records indicate that the patient has been taking Robaxin for an extended period of time, which exceeds the guidelines recommendations of short-term use only. Medical documents do not detail a trial and failure of first line treatments. In addition, Medical documents also state that the patient was previously weaned off of muscle relaxants. As such, the request for Robaxin 500mg #90 with 3 refills is not medically necessary.

Norco 10/325mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco since 04/01/2014, in excess of the recommended 2-week limit. As such, the question for Norco 10/325mg #90 with 3 refills is not medically necessary.