MAXIMUS Federal Services

Case Number:	CM14-0181648		
Date Assigned:	11/07/2014	Date of Injury:	11/07/1999
Decision Date:	12/11/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/31/2014

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 Family Practice 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:

64 yr. old female claimant sustained a work injury on 11/7/99 involving the low back and knee. She was diagnosed with lumbar spondylosis and chronic knee pain. She had been on Robaxin and Ultram since 2012 for pain. A progress note on 6/30/2014 indicated the claimant had 6/10 pain. Physical exam showed normal lower extremity findings. A lumbar exam was not mentioned. The claimant was continued on Robaxin, Ultram as well as a Medrol Dose Pack. A recent request in October 2014 was to continue the same medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg, #270 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: According to the MTUS guidelines, muscle relaxants such as Robaxin are intended for short-term use. However, in most back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The claimant had been on Robaxin for years. Recent

examination did not substantiate spasms. The continued use of Robaxin is not medically necessary.

Ultram 50mg, #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 92-93.

Decision rationale: According to the guidelines, there is therefore a lack of evidence to allow for a treatment recommendation for long-term use. It is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain.In this case, the claimant had been on Ultram for years. There was no indication of Tylenol or NSAID failure. In addition, the claimant had been on the maximum dose of Ultra for years with persistent symptoms. The continued and prolonged use of Ultram is not medically necessary.

Medrol Dose Pak: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the guidelines, steroids are not recommended for managing back pain. In this case, the specific reason for using Medrol Dose Pak or a lumbar physical exam was not indicative of a need for steroid. There were no radicular symptoms. The Medrol Dose Pak is not medically necessary.