

Case Number:	CM14-0038331		
Date Assigned:	06/25/2014	Date of Injury:	06/11/2012
Decision Date:	08/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 62-year-old male who reported an injury on 06/11/2012. The mechanism of injury involved a fall. Current diagnoses include mechanical low back pain, lumbar degenerative disc disease, lumbar radiculitis, left sacroiliitis, myofascial pain syndrome, moderate to severe central and foraminal stenosis in the lumbar spine, and right sided disc extrusion at L5-S1. The injured worker was evaluated on 02/13/2014 with complaints of constant neck pain and lower back pain with radiation into the upper and lower extremities. Physical examination revealed an antalgic gait, moderate tenderness to palpation over L4 through S1, superior iliac spine tenderness, left sacroiliac joint tenderness, right sacroiliac joint tenderness, right superior iliac tenderness, stiffness, limited range of motion, severe spasm and guarding, limited strength in the left lower extremity, positive Patrick's testing, and moderate pelvic tilt. Treatment recommendations included an MRI of the lumbar spine, electrodiagnostic studies, a left sacroiliac joint block, and a prescription for Robaxin 500 mg and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. The California MTUS Guidelines do not recommend long-term use of muscle relaxants. There was no frequency or quantity listed in the current request. As such, the request is not medically necessary.

Norco 10/325mg 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure to respond to nonopioid analgesics. There is also no frequency or quantity listed in the current request. Therefore, the request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the injured worker is 2 years status post work related injury. There is no mention of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. The medical necessity for the requested testing has not been established. As such, the request is not medically necessary.