

Case Number:	CM14-0059742		
Date Assigned:	07/09/2014	Date of Injury:	05/11/2009
Decision Date:	09/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/30/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 56-year-old female with a 5/11/09 date of injury. The patient was seen on 4/3/14 with complaints of neck and right upper extremity pain and associated tingling, numbness and weakness. The patient also complained of weakness in the right hand, as well as bilateral shoulder and trapezial spasm. Her pain had not diminished since the last visit. Exam findings revealed limited range of motion in the shoulders, neck, and shoulders with trigger points. The diagnosis is cervical radiculitis, degeneration of cervical disc, joint pain, shoulder, and neck pain. The patient is noted to be on Lorazepam, Ibuprofen, Robaxin, Lidoderm patches, Voltaren gel, Medrox patches, and Hydrocodone. The treatment to include medications, trigger point injections and HEP, PT x8. The UR determination dated 4/14/14 denied the medications as there was no indication the patient's use of opiates resulted in a decrease of her VAS or provided any long-term functional gain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg tab, 5/325mg, 1 tab orally QD prn 30 days #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (opiates page 78-81) Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no well-documented decrease in VAS or ongoing functional gains with the patient's current opiate regimen. In addition, two doses of Percocet are being requested and the rationale for this is not clear. There are no documented instructions for the use of two different strengths of the same medication. Therefore, the request for Percocet 10/325 and 5/325 #15 is not medically necessary.

Robaxin 500mg tab 1 tab orally QD prn 30 days #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, state that 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been on this medication chronically and she still has muscle spasm and twitching. Thus, it is unclear if those medication if of any benefit. The patient is also taking Lorazepam, and it is unclear if this is also for spasm. In addition, the patient has exceeded the treatment guidelines for this medication. Therefore, the request for Robaxin500 mg tab is not medically necessary.