

Case Number:	CM14-0060186		
Date Assigned:	07/09/2014	Date of Injury:	08/16/2006
Decision Date:	08/18/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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 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:

Injured worker is male with date of injury 8/16/2006. Per primary treating physician's progress report dated 4/2/2014, the injured worker complains of persistent neck and low back pain as well as left upper extremity pain. The neck and low back continue to be the most bothersome. He was authorized for his left cervical radiofrequency ablation as well as the left L5 selective nerve root block. Medications continue to be very beneficial. He does not have any refills left at the pharmacy. Medications continue to bring his pain level down from a 9/10 to a 5/10. There are no aberrant behaviors. He reports he is glad he is scheduled for injections, however he would also like some physical therapy. He states his last physical therapy was approximately three years ago and he does remember it helping with decreased overall pain and increased strength especially of the lower extremities. He states his legs feel weak and on occasion they feel like they want to come off from under him, secondary to his back pain. He actually had a ground-level fall last week. On examination there are no changes. Diagnoses include 1) chronic neck, right greater than left upper extremity pain with small disc protrusions at C4-C5 and a 2 mm mild instability at C5-C6 2) status post radiofrequency ablation left C5, C6, C7 medial branch 2/2008, radiofrequency ablation 2/2008, 2/2010 3) history of left elbow fracture 4) status post revision cubital tunnel release on 1/8/210, prior surgery was in 10/2005, and residual left ulnar neuropathy 5) chronic low back pain with disc desiccations from L3-S1, a 4 mm extruded disc towards the left at L4-L5 with annular tear, osteophytes at L3 and L4, disc space narrowing at L5-S1 6) chronic sleep issues with nonindustrial sleep apnea, may be contributing to his depression and psychiatric issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 25mcg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section, page(s) 74-95 Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The injured worker is noted to be independent and have increased function and improved pain intensity with the use of his current pain medications. The requesting physician reports that there has been no aberrant drug behavior. The total morphine equivalent dose per day is calculated at 50 mg/day, less than the 120 mg ceiling recommended by the MTUS Guidelines, and not exceeding the 50 mg/day ceiling referenced by the claims administrator. Therefore, the request for Duragesic 25 mcg #30 is medically necessary.

Robaxin 750 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) section, Weaning of Medications section, page(s) 63, 65, 124 Page(s): 63, 65, 124.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbation's of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheaded is commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Robaxin 750 mg #120 is not medically necessary.