

Case Number:	CM14-0067850		
Date Assigned:	07/11/2014	Date of Injury:	01/11/2001
Decision Date:	09/19/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 52-year-old individual was reportedly injured on 1/11/2001. The mechanism of injury was not listed. The most recent progress note, dated 4/14/2014, revealed there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine positive tenderness to palpation over lumbar spine. Gait was erect and independent. No recent diagnostic studies were available for review. Previous treatment included medications and conservative treatment. A request had been made for Norco 10/325 #90, Robaxin 750 mg #60 and Motrin 800 mg #90 and Pilates and was not certified in the pre-authorization process on 4/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg QTY 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines

support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco 10/325 mg QTY 90 is not medically necessary.

Robaxin 750 mg QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation - Procedure Summary - last updated 04/10/2014.

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

Decision rationale: The MTUS guidelines classify Robaxin (methocarbamol) as a muscle relaxant; however, the mechanism of action is unknown but appears to be related to central nervous system depressant effects with related sedative properties. Given the claimant's chronic pain, current medications and documented physical exam, which showed no documentation of muscle spasm, Robaxin 750 mg QTY 6 is not medically necessary.

Motrin 800 mg QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non steroidal anti inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication, which has some indication for chronic low back pain. When noting the claimant's diagnosis and signs/symptoms, there is a clinical indication for the use of this medication as noted. However, the California MTUS guidelines support the use of NSAIDs at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic low back pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. Therefore, Motrin 800 mg QTY 90 is not medically necessary.

Pilates: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg (Acute and Chronic) Stretching Flexibility, Updated 8/25/2014.

Decision rationale: The ACOEM Guidelines do not address Pilates; therefore, the ODG guidelines were used. Stretching flexibility is currently under study. Results are mixed. Therefore, based on current guideline recommendations, Pilates is not medically necessary.