

Case Number:	CM14-0074581		
Date Assigned:	07/18/2014	Date of Injury:	09/29/2000
Decision Date:	08/18/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/22/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 50 year old female with an injury date of 09/29/00. Based on the 04/29/14 progress report provided by [REDACTED], the patient complains of pain in her neck, mid-back, lower back, and right shoulder. Sensation to pinwheel decreased in right S1 distribution. The patient had a cervical max compression, foramina compression, and shoulder depression. She tested positive for Kemp's, Soto Hall and right Fabere tests. The patient's diagnosis include the following: Partial tear of rotator cuff. Closed fracture of sacrum and coccyx with unspecified spinal cord injection. The utilization review determination being challenged is dated 05/16/14. [REDACTED] is the requesting provider, and he provided three treatment reports from 02/25/14, 04/07/14, and 04/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #60 with 3 refills QTY: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pg 64Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Muscle relaxants (for pain) MTUS p63 Page(s): 63, 64.

Decision rationale: According to the 04/29/14 report by [REDACTED], the patient presents with pain in her neck, mid-back, lower back, and right shoulder. The request is for Robaxin 750 mg #60 with 3 refills. Review of the records shows that the patient has been taking Robaxin since at least 04/07/14. The MTUS guidelines do not support long-term use of muscle relaxants. The treater requests for a quantity of 240 and appears to be prescribing this on a long-term basis. The request is not medically necessary.

Vicodin 5/325mg #60 with 3 refills QTY: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS 60,61)CRITERIA FOR USE OF OPIOIDS (MTUS pgs 88, 89) Page(s): 60, 61; 88, 89.

Decision rationale: According to the 04/29/14 report by [REDACTED], the patient presents with pain in her neck, mid-back, lower back, and right shoulder. The request is for Vicodin 5/325 mg #60 with 3 refills. The patient has been taking Vicodin since at least 04/07/14. According to MTUS, pg. 8-9, when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. For chronic opiate use, MTUS guidelines pages 88 and 89 states: Document pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further requires documentation of the four A's (Analgesia, ADL's, Adverse effects, Adverse behaviors). Under outcome measure, MTUS also recommends documentation of current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Review of the treater's report show no documentation of pain scales or of any specific changes in ADLs with the use of Vicodin. The request is not medically necessary.