

Case Number:	CM14-0190916		
Date Assigned:	11/24/2014	Date of Injury:	01/21/1997
Decision Date:	01/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 58 year old male with an injury date of 01/21/97. Based on the 10/30/14 progress report, the patient complains of frequent flare-ups of pain in his lower back region. The patient has pain with numbness/tingling radiates into his bilateral lower extremities. The pain level is at 6 out 10 and the pain has been exacerbated with prolonged sitting, as well as with prolonged standing/walking activities. His physical examination shows tenderness over the lumbosacral spine, and over the bilateral lumbar paraspinal muscles, where muscle spasms and myofascial trigger points were noted. The JAMAR grip dynamometer strength readings revealed 12/14/16 kg on the right and 18/20/24 kg on the left. The range of motion of the lumbar spine revealed that flexion is to 35degrees, extension is to 10degrees, and bilateral bending is to 10degrees with pain. His diagnoses include following:1. Acromioclavicular joint arthritis, impingement syndrome and rotator cuff tendinosis, right shoulder2. Herniated nucleus pulposus of the cervical spine3. Herniated nucleus pulposus of the lumbar spine4. Bilateral plantar fasciitis5. Left shoulder impingement syndrome6. Bilateral elbow epicondylitisThe treating physician is requesting for Robaxin 750mg #90 with 2 refills and Norco 10/325mg #100 per 10/30/14 report. The utilization review determination being challenged is dated 11/06/14. The requesting provider provided treatment reports from 04/28/14-10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

Decision rationale: This patient presents with lower back pain. The request is for Robaxin 750mg, #90 with 2 refills. Per 06/02/14 report, the treating physician noted that the patient is taking Robaxin and on 07/02/14 report, the treater states that the patient couldn't refill the medication. MTUS page 63 states the following about muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case the treater does not mention that this medication is to be used for short-term. MTUS only supports short-term use of sedating muscle relaxants for flare-up's or acute injury. The request is not medically necessary.

Norco 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with lower back pain with numbness/tingling that radiates into both legs. The request is for Norco 10/325mg, #100. The patient complains of frequent flare-up of pain in his lower back region. Per 10/30/14 report, the patient is flared-up with exacerbation and pain is at 6/10.'s work status is permanent and stationary with exacerbation. Review of the reports shows the treater requests this medication on 07/02/14 report, but there is no sign the medication is given to the patient. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, it would appear that the treater is prescribing Norco for acute flare-up but the prescription is for #100. This appears to be an excessive amount of medication for a short-term use. If the treater is prescribing this medication as part of chronic pain management, then the treater does not explain what the goal is, what functional deficits are to be overcome, and what is to be expected. There is lack of discussion as to whether or not the patient failed other medications. Based on lack of adequate information needed to trial this medication, the request is not medically necessary.