

Case Number:	CM14-0195769		
Date Assigned:	12/03/2014	Date of Injury:	03/21/2003
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

According to the records made available for review, the injured worker is a 72 year-old male with a date of injury of 03/21/2003. The result of the injury was pain in the cervical and left shoulder regions. Diagnoses include strain/sprain of the cervical spine, superimposed upon bulging discs; status post left shoulder arthroscopic debridement of rotator cuff tear with subacromial decompression, bursectomy, coracoacromial ligament resection, and acromioclavicular joint resection; and flare-up/aggravation of the left shoulder pain. Treatments have included medications and surgical intervention. Medications have included Norco and Robaxin. Surgical intervention has included a left shoulder arthroscopic debridement of rotator cuff tear with subacromial decompression, bursectomy, coracoacromial ligament resection, and acromioclavicular joint resection. A progress note from the treating physician, dated 10/13/2014, documents the injured worker's subjective complaints to include cervical and left shoulder pain. Objective data from this report includes left paraspinal, trapezius, and anterior shoulder muscle tenderness upon palpation and decreased cervical and left shoulder range of motion. The physician documented the treatment plan to include prescriptions for Norco and Robaxin. Request is being made for Norco 10/325 mg #120 and for Robaxin 750 mg #100 with 3 refills. On 10/22/2014, Utilization Review non-certified a prescription for Norco 10/325 mg #120 and for Robaxin 750 mg #100 with 3 refills. Utilization Review non-certified a prescription for Norco 10/325 mg #120 and for Robaxin 750 mg #100 with 3 refills based on the lack of documented symptomatic or functional improvement, or spasm relief from the use of these medications. In reference to the prescription for Norco, the Utilization Review cited the CA MTUS, 2009, Chronic Pain: Opioids for chronic pain. In reference to the Robaxin, the

Utilization Review cited the CA MTUS, 2009, Chronic Pain: Muscle Relaxants, Antispasmodics. Application for independent medical review was made on 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Norco 10/325 mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement or pain improvement therefore the request for Norco 10/325mg #120 is not medically necessary.

Robaxin 750 mg #100 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Robaxin 750 mg #100 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). The documentation indicates that the patient has been on Robaxin. The request for 3 refills is not accordance with the MTUS guidelines recommendation that this is a second line option for short term treatment of acute exacerbations of pain. The documentation indicates that the patient has chronic pain (not an acute exacerbation). The documentation does not support the medical necessity of continued Robaxin use and therefore this medication is not medically necessary.