

<b>Case Number:</b>	CM14-0196438		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 injured worker's working diagnoses are chronic neck pain; status post left elbow cubital, syndrome; left wrist strain, improved; chronic low back pain with 2.7 mm disc protrusion at L4 - L5 and L5 - S1; complaints of depression, anxiety and difficulty sleeping; ongoing issues with left shoulder impingement syndrome, rotator cuff tendinitis versus rotator cuff tear; lumbosacral protrusions; lumbar spine degenerative disc disease at L5 S1 protrusion; cervical spine degenerative disc disease at C6C7; and left shoulder type acromium with impingement syndrome. A left shoulder MRI arthrogram showed no evidence of a rotator cuff tear. A lumbar MRI did not show any significant pathology. There was moderate bilateral facet hypertrophy and bilateral neuroforaminal stenosis and facet hypertrophy and diffuse disc material effacing the L for exiting nerve root. The injured worker underwent left elbow cubital tunnel release on November 29 of 2012. A progress note dated November 17, 2014 indicates current medications include Norco, gabapentin, Robaxin, and Naprosyn. He is not attending physical therapy at this time. Documentation does not contain start dates for the aforementioned medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750 mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Robaxin 750 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic neck pain; status post left elbow cubital, syndrome; left wrist strain, improved; chronic low back pain with 2.7 mm disc protrusion at L4 - L5 and L5 - S1; complaints of depression, anxiety and difficulty sleeping; ongoing issues with left shoulder impingement syndrome, rotator cuff tendinitis versus rotator cuff tear; lumbosacral protrusions; lumbar spine degenerative disc disease at L5 S1 protrusion; cervical spine degenerative disc disease at C6C7; and left shoulder type acromium with impingement syndrome. The injured worker is a 29-year-old with a date of injury June 10, 2010. The progress notes from the treating physician do not enumerate the list of medications taken from visit to visit. Robaxin is a muscle relaxant. Muscle relaxants are recommended for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of an acute exacerbation in patients with chronic low back pain. The documentation does not provide compelling clinical evidence for continued use of Robaxin in contravention of the guideline recommendations. The diagnoses from a November 2014 progress note indicate the injured worker has chronic low back pain. There is no documentation of an acute exacerbation of back pain. Consequently, absent clinical documentation to support the ongoing use of Robaxin 750 mg in contravention of short-term recommendations (less than two weeks), Robaxin 750 mg #60 is not medically necessary.

**Norco 10/325 mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working

diagnoses are chronic neck pain; status post left elbow cubital, syndrome; left wrist strain, improved; chronic low back pain with 2.7 mm disc protrusion at L4 - L5 and L5 - S1; complaints of depression, anxiety and difficulty sleeping; ongoing issues with left shoulder impingement syndrome, rotator cuff tendinitis versus rotator cuff tear; lumbosacral protrusions; lumbar spine degenerative disc disease at L5 S1 protrusion; cervical spine degenerative disc disease at C6C7; and left shoulder type acromium with impingement syndrome. The injured worker is a 29-year-old with a date of injury June 10, 2010. The primary treating physician in subsequent progress notes did not document or enumerate the list of current medications taken from visit to visit. Norco is an opiate. Continued use of opiates requires evidence of objective functional improvement along with detailed pain assessments. The documentation does not contain detailed pain assessments and there is no evidence of objective functional improvement associated with long term opiate use. Consequently, absent clinical documentation to support the ongoing long term use of Norco with no evidence of objective functional improvement, Norco 10/325#60 is not medically necessary.