

Case Number:	CM14-0196535		
Date Assigned:	12/04/2014	Date of Injury:	05/18/1999
Decision Date:	01/16/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 & Rehabilitation 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:

This is a 52-year-old female with a 5/18/1999 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 10/29/14 noted subjective complaints of lower back pain. Objective findings included tightness in the low back to palpation and positive straight less on the right. A progress report dated 9/17/14 that her pain is actually worse than before and she is having worsening trouble with her ability to drive and feels unsafe driving. Diagnostic Impression: Herniated nucleus pulposus T11-12, L4-5 broad based disc protrusion. Treatment to Date: medication management, thoracic fusion, lumbar ESI, and physical therapy. A UR decision dated 11/18/14 denied the request for Robaxin 500 mg #90. Drugs in this class may lead to dependence with limited efficacy over time and no additional benefit over use of NSAIDS. It also denied Norco 10/325 mg #180. Her symptoms were documented to have worsened and her ability to drive worsened while on Norco and she was subsequently requesting some type of muscle relaxant to deal with the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Robaxin 500mg #90 between 10/29/14 and 1/11/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Methocarbamol (Robaxin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, in the documents available for review, there is no indication that the patient has had any acute interval exacerbation of her lower back pain. Specifically, the progress report notes that she has not had any new injury. She has already tried Soma in the past without benefit. Additionally, she already feels unsafe driving while taking Norco. The addition of a sedating muscle relaxant would only make it even more challenging to drive safely. Therefore, the request for 1 Prescription of Robaxin 500 #90 between 10/29/14 and 1/11/2015 is not medically necessary.

1 Prescription of Norco 10/325mg #180 between 10/29/14 and 1/11/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, and Weaning of Medications..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 1999 date of injury, the duration of opiate use to date is not clear. In addition, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia or continued functional benefit. Additionally, it is noted that the patient feels unsafe driving while taking Norco. It is unclear how the continued use of Norco would be of any benefit. Therefore, the request for 1 Prescription for Norco 10/325 mg #180 between 10/29/14 and 1/11/2015 is not medically necessary.