

<b>Case Number:</b>	CM14-0198569		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	08/27/2004
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of August 27, 2004. In a Utilization Review Report dated November 14, 2014, the claims administrator approved one request for Norco while denying a second request for Norco, denied Robaxin, and denied Colace. The claims administrator referenced a November 3, 2014 progress note and associated RFA form in its denial. The applicant's attorney subsequently appealed. In said November 3, 2014 progress note, the applicant reported ongoing complaints of low back, left leg, and left knee pain. The applicant was using Norco as a primary analgesic, it was stated. The applicant was on Robaxin, Norco, Colace, and Zofran, it was stated in the medication section of the note. The applicant was trying to do home exercises to the best of her abilities. The attending provider stated that the applicant's usage of Norco was attenuating her pain complaints. This was not quantified, however. Norco, Robaxin, and Colace were ultimately refilled. Additional physical therapy was sought. The applicant was status post total knee arthroplasty. The applicant's work status was not furnished. The applicant had seemingly undergone a total knee arthroplasty procedure on July 30, 2014. On October 31, 2014, the applicant was placed off of work, on total temporary disability. Additional physical therapy was sought for the knee. 5/10 pain was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #90:** 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 When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. While some of the attending provider's progress notes did suggest that the applicant was deriving analgesia with ongoing Norco usage, this was not quantified nor elaborated upon and is, furthermore, seemingly outweighed by the applicant's failure to return to work and the attending provider's failure to outline any improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Robaxin 500mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 64-66.

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

**Decision rationale:** While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Robaxin are indicated for short-term usage purposes, for acute exacerbations of chronic low back pain, the 120-tablet supply of Robaxin at issue, however, implies chronic, long-term, and scheduled usage. Such usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Colace 100mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants using opioids. Here, the applicant was/is using an opioid agent, Norco. Prophylactic provision of Colace, a laxative/stool softer, is, thus, indicated. Therefore, the request was medically necessary.