

Case Number:	CM14-0198992		
Date Assigned:	12/09/2014	Date of Injury:	06/14/2010
Decision Date:	01/21/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	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 Physical Medicine Rehab 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 injured worker is a 60 year old man who sustained an injury on 6/14/2010 when attempting to catch an item which was falling off the forklift blades. Physician note dated 2/14/14 indicated low back pain which was unchanged. Medications included Percocet, Flexeril, Neurontin, Cymbalta, Robaxin and Ibuprofen. Examination showed global antalgic gait which was slowed and stooped with no use of assistive devices. There was loss of normal lordosis with straightening of the lumbar spine. Range of motion was restricted and on palpation, paravertebral muscles, hypertonicity, tenderness and tight muscle band was noted on both sides. Medical history included prior bilateral hip replacements. Note dated 4/11/14 indicated that an MRI was ordered and previous MRI on 7/26/10 noted changes from L3 to S1 bilaterally with labral combined disc protrusion and osteophytic ridge. Lumbar epidural steroid injections had been performed 4/2011. Examination unchanged. MRI done on 5/8/14 had impression was multilevel degenerative disc disease. At L3-L4 there is a 1-2 mm central disc protrusion with high-intensity zone-annular fissure and central canal narrowing. Findings are not significantly changed from prior study. Laboratory results dated 10/03/2014 showed positive results for alcohol. Physician note 11/7/14 indicated that the injured worker would like to try a TENS unit. Examination unchanged. Diagnosis: backache NOS. MRI lumbar spine results are consistent with degenerative disc disease and congenital plus acquired stenosis. Aquatic therapy completed for 6 sessions. Additional sessions were denied. The Utilization Review dated 11/19/14 non-certified Robaxin and Percocet. Per the UR, regarding Robaxin, there is no indication that the injured worker is currently experiencing an acute flare up of symptoms and the date of injury is noted to be in 2010, therefore ongoing use of this medication is not supported per MTUS. Per the UR, regarding Percocet, there is a history of inconsistent urine drug screening as well as

alcohol and marijuana use in conjunction with opioids. The ongoing use of chronic opioids is not medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: The 60 year-old injured worker sustained an injury on 6/14/10 when attempting to catch an item which was falling off the forklift blades. Diagnoses included backache NOS with history of bilateral hip replacements. Conservative care has included medications, therapy, lumbar epidural steroid injections (4/2011), TENS unit, aquatic therapy, and modified activities/rest. Laboratory results dated 10/03/2014 showed positive results for alcohol without change in pharmacological regimen. MRI done on 5/8/14 had impression was multilevel degenerative disc disease. At L3-L4 there is a 1-2 mm central disc protrusion with high-intensity zone-annular fissure and central canal narrowing. Findings are not significantly changed from prior study. The patient continues to treat for chronic ongoing pain symptoms. Report of 11/7/14 from the provider noted unchanged exam findings with treatment plan to include continuing medications. The request(s) for Robaxin and Percocet were non-certified on 11/19/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2010. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Robaxin 750mg #60 is not medically necessary and appropriate.

Percocet 10-325mg #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The 60 year-old injured worker sustained an injury on 6/14/10 when attempting to catch an item which was falling off the forklift blades. Diagnoses included backache NOS with history of bilateral hip replacements. Conservative care has included

medications, therapy, lumbar epidural steroid injections (4/2011), TENS unit, aquatic therapy, and modified activities/rest. Laboratory results dated 10/03/2014 showed positive results for alcohol without change in pharmacological regimen. MRI done on 5/8/14 had impression was multilevel degenerative disc disease. At L3-L4 there is a 1-2 mm central disc protrusion with high-intensity zone-annular fissure and central canal narrowing. Findings are not significantly changed from prior study. The patient continues to treat for chronic ongoing pain symptoms. Report of 11/7/14 from the provider noted unchanged exam findings with treatment plan to include continuing medications. The request(s) for Robaxin and Percocet were non-certified on 11/19/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Percocet 10-325mg #135 is not medically necessary and appropriate.