MAXIMUS Federal Services

Case Number:	CM14-0199772		
Date Assigned:	12/10/2014	Date of Injury:	06/02/1998
Decision Date:	01/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Interventional Spine 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 patient is a 63 year old male with a date of injury of 6/2/98. According to progress report dated 10/2/14, the patient is status post lumbar laminectomy on 6/18/14. Examination on this date revealed well healed wound. There are no neurological deficits and straight leg raise is negative. There was mild swelling noted over the left knee and left ankle. The listed diagnosis is lumbar canal stenosis. Report dated 8/28/14, states that the patient has 65% improvement in left leg pain and 80% improvement in right leg pain following the lumbar surgery. He recently underwent a lumbar epidural injection which provided 30% improvement in the intensity of low back pain. At that time, his pain was rated as 4/10 and he was able to decrease his Norco intake from 4 pills to 2 pills. He is back to 4 Norco pills per day due to the effects of the injection wearing off. The patient work status was not addressed. The request is for Norco, Robaxin and Motrin. The Utilization review denied the request on 11/12/14. Treatment reports from 5/8/14 through 10/2/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Page(s): 63, 64.

Decision rationale: This patient is status post lumbar laminectomy on 6/18/14. The current request is for ROBAXIN 500MG X2 REFILLS. The MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." The patient has been utilizing Robaxin since 5/8/14. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days for acute spasms and no more than 2 to 3 weeks. This request IS NOT medically necessary.

Motrin 800mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: This patient is status post lumbar laminectomy on 6/18/14. The current request is for Motrin 800MG #60 x2 refills. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume but long term use may not be warranted." This patient has been utilizing Motrin since 5/8/14. In this case, progress reports provide a pain scale to indicate current pain, but there is no before and after pain scale to denote a decrease in pain with current medications. There is no discussion of functional improvement or changes in ADL have to indicate that the medication is providing analgesia. MTUS page 60 requires recording of pain assessment and functional improvement when medications are used for chronic pain. Given the lack of discussion regarding this medication's efficacy, the requested Motrin is not medically necessary.

Norco 10/325mg #120 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.CRITERIA FOR USE OF OPIOIDS. Page(s): 60,61, 88, 89, 76-78.

Decision rationale: This patient is status post lumbar laminectomy on 6/18/14. The current request is for Norco 10/325mg #120 x2 refills. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.This patient has

been utilizing Norco since 5/8/14. In this case, recommendation for further use of Norco cannot be supported as there is no documentation of specific functional improvement or changes in ADL's as required by MTUS for opiate management. Current pain levels are provided but there is no before and after pain scale to denote a decrease in pain with taking medications. In addition, there are no discussions of possible aberrant behaviors or adverse side effects. A urine drug screen was requested on 7/10/14 with no documentation of its results. The treating physician has failed to provide the minimum requirements of documentation that are outlined by MTUS for continued opiate use. The requested Norco is not medically necessary.