

Case Number:	CM14-0203394		
Date Assigned:	12/15/2014	Date of Injury:	12/28/2013
Decision Date:	02/06/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/05/2014

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 patient is a 23 year old male with date of injury 12/28/13. The treating physician report dated 10/22/14 (56) indicates that the patient presents with pain affecting the lower back with muscle spasms. The physical examination findings reveal range of motion of back of 45 degrees. Toe walking is diminished bilaterally and heel walking is normal. He is not able to get up on his toes. Heel to toe raising is normal. Deep knee bending is diminished. Gait is broad based with the use of a cane. Tandem is off. Seated straight leg raising is negative. Prior treatment history includes physical therapy, medications, MRI and x-ray. MRI findings reveal right knee meniscus injury. The current diagnoses are: 1.L4-5, L5-S1 traumatic industrial disc fissuring with early desiccation, posterior annular tears, nonsurgical2.Right knee meniscus injury3.Newly diagnosed diabetesThe utilization review report dated 11/10/14 denied the request for Norco 10/325 mg #180 and Robaxin 500 mg #180 based on lack of proper documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89.

Decision rationale: The patient presents with lower back pain and muscle spasms. The current request is for Norco 10/325 mg #180. The treating physician states patient's lower back pain is 9/10 depending on his level of activity. He has missed several appointments including appointments with his pain doctor. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 aberrant 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. There is no pain contract in the records provided or a urine drug screen. In this case, the treating physician has not documented the 4As nor has he documented any substantial functional improvement therefore request is not medically necessary.

Robaxin 500mg #180: 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): 63.

Decision rationale: The patient presents with low back pain and muscle spasms. The current request is for Robaxin 500 mg #180. The treating physician states patient's low back pain is 9/10 depending on level of activity. The MTUS guidelines support "non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, the treating physician has been prescribing this medication since at least 2/19/14 and there is no documentation in the treating physician report indicating that an acute flare-up has occurred. In this case, the treating physician has prescribed this medication for long term usage which is not supported by MTUS therefore request is not medically necessary.