

<b>Case Number:</b>	CM14-0205743		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	07/19/2010
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 66 year old female with an injury date on 07/19/2010. Based on the 11/18/2014 progress report provided by the treating physician, the diagnosis is:1. Bilateral Knee Pain. According to this report, the patient complains of bilateral knee pain. Examination findings show "Difficult to check her strength." The patient's work status is "Continue current status." The treatment plan is "to request authorization for transferring of her care to a local pain management physician." Patient's current medications are Norco and Robaxin. The patient's past treatment consists of injection and medications. Based on 11/03/2014 narrative report, the patient presents "for follow up of her left knee." The patient "had an injection on her last visit and she had relief for about a month and her pain has steadily gotten worse. Patient is under pain management. She is not working. She is wanting [wants] another injection." Examination findings show peripheral edema. The diagnosis is OA left knee. There were no other significant findings noted on this report. The utilization review denied the request for (1) Hydroco/APAP 10/325 mg #120 and (2) Methocarbam 750 mg #90 (Robaxin) on 11/25/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 02/25/2014 to 11/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

**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:** According to the 11/18/2014 report, this patient presents with knees pain. Per this report, the current request is for Hydroco/APAP 10/325 mg #120. The medication first mentioned on 02/25/014 report. The treating physician mentions the patient is "feeling worse." "Pain is 8 out of 10. She is not ambulating, but she uses a scooter." For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In this case, the documentation provided does not show any pain assessment and no numerical scale is used describing the patient's function. Neither specific ADL's is mentioned nor is discussion regarding side effects found in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is not medically necessary.

**Methocarbam 750mg #90:** Upheld

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

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

**Decision rationale:** According to the 11/18/2014 report, this patient presents with knees pain. Per this report, the current request is for Methocarbam 750 mg #90 (Robaxin). For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. In this case, the treating physician is requesting Methocarbam #90 (Robaxin) and this medication was first noted in the 02/25/2014 report. Methocarbam is not recommended for long term use. The patient has been prescribed this medication longer than the recommended 2-3 weeks. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.

