

Case Number:	CM14-0210102		
Date Assigned:	12/23/2014	Date of Injury:	12/07/2005
Decision Date:	04/01/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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 & Rehabilitation

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 46-year-old female, with a reported date of injury of 12/07/2005. The diagnoses include lumbar intervertebral disc degeneration, low back pain, lumbar post-laminectomy syndrome, chronic pain syndrome, lumbosacral radiculopathy, sacroilitis, lumbar facet joint pain, myalgia and myositis, dysesthesia, and tenosynovitis of the hand. Treatments have included oral medications, heat, cold, L5-S1 lumbar fusion with instrument, lumbar MRIs, lumbar x-rays, and computerized tomography (CT) of the lumbar spine. The progress report dated 10/16/2014 indicates that the injured worker had chronic low back pain. She had pain after the lumbar fusion. The injured worker rated the pain 9 out of 10 without medication, and 10 out of 10 with medication. The injured worker has taken Oxycodone in the past with benefit, and she reported that the current dose of Norco was not strong enough to manage her pain. She reported that her pain level continued to get progressively worse. The physical examination showed tenderness and tightness over the posterior neck with restricted range of motion; positive bilateral straight leg raise test, restricted movement across all planes of the lumbar spine, tenderness over the paraspinal musculatures, and tenderness in the low back. The treating physician requested Norco 10/325mg #120, Robaxin 750mg #60, Flector patches #30, and Oxycodone 15mg #150 to reduce pain, increase activity tolerance, and restore partial overall functioning. On 11/24/2014, Utilization Review (UR) denied the request for Norco 10/325mg #120, Robaxin 750mg #60, Flector patches #30, and Oxycodone 15mg #150. The UR physician noted that there was no documentation of functional and pain score benefit; the guidelines do not recommend the chronic use of muscle relaxants; it was not clear that the injured worker had

failed a non-steroidal anti-inflammatory drug (NSAID); and there was a lack of documented functional and quantified benefit. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: 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): 76-78, 88-89, 90.

Decision rationale: The patient presents with post fusion chronic low back pain rated 9-10/10 pain. The request is for NORCO 10/325 MG #120. The RFA is not provided. Patient's diagnosis included lumbar intervertebral disc degeneration, low back pain, lumbar post-laminectomy syndrome, chronic pain syndrome, lumbosacral radiculopathy, sacroilitis, lumbar facet joint pain, myalgia and myositis, dysesthesia, and tenosynovitis of the hand. The reports do not reflect whether or not the patient is working. 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 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." A prescription for Norco was first mentioned in the progress report dated 09/18/14 and the patient has been taking it since at least then. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Robaxin 750 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with post fusion chronic low back pain rated 9-10/10 pain. The request is for ROBAXIN 750MG # 60. The RFA is not provided. Patient's diagnosis included lumbar intervertebral disc degeneration, low back pain, lumbar post-laminectomy

syndrome, chronic pain syndrome, lumbosacral radiculopathy, sacroilitis, lumbar facet joint pain, myalgia and myositis, dysesthesia, and tenosynovitis of the hand. The reports do not reflect whether or not the patient is working. MTUS page 63-66 Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. MTUS page 63-66 under ANTISPASMODICS for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Treater does not elaborate on reasons for prescribing Robaxin. The prescription for Robaxin was first mentioned in the progress report dated 09/18/14. MTUS guidelines recommend non-sedating muscle relaxants for short-term use. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, continued use is not in line with guideline recommendations which specify short duration therapy for muscle relaxants. The request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Flector patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines chapter Pain and Topic Flector patch.

Decision rationale: The patient presents with post fusion chronic low back pain rated 9-10/10 pain. The request is for FLECTOR PATCHES # 30. The RFA is not provided. Patient's diagnosis included lumbar intervertebral disc degeneration, low back pain, lumbar post-laminectomy syndrome, chronic pain syndrome, lumbosacral radiculopathy, sacroilitis, lumbar facet joint pain, myalgia and myositis, dysesthesia, and tenosynovitis of the hand. The reports do not reflect whether or not the patient is working. Regarding topical NSAIDs, MTUS Topical Analgesics, pg 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, chapter Pain and Topic Flector patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." Per MTUS guidelines, Flector patch is indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. In this case, the patient does not present with peripheral joint osteoarthritis or tendinitis. Lower back is not a peripheral joint and is not amenable to topical products. The request IS NOT medically necessary.

Oxycodone 15 mg #150: Upheld

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

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

Decision rationale: The patient presents with post fusion chronic low back pain rated 9-10/10 pain. The request is for OXYCODONE 15MG #150. The RFA is not provided. Patient's diagnosis included lumbar intervertebral disc degeneration, low back pain, lumbar post-laminectomy syndrome, chronic pain syndrome, lumbosacral radiculopathy, sacroilitis, lumbar facet joint pain, myalgia and myositis, dysesthesia, and tenosynovitis of the hand. The reports do not reflect whether or not the patient is working. 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 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. In this case, a prescription for Oxycodone is first noted in the progress report dated 07/08/14 and the patient has been using the medication consistently at least since then. In this case, treater has not stated how Oxycodone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.