

Case Number:	CM14-0212052		
Date Assigned:	01/02/2015	Date of Injury:	07/13/2012
Decision Date:	02/23/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/17/2014

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 45-year-old male who reported an injury on 07/03/2012. His mechanism of injury was not included. His diagnoses included chronic low back pain, degenerative disc disease of lumbosacral spine, lumbar radiculopathy, rule out herniated nucleus pulposus, anxiety, and depression. His past treatments were not included. His diagnostic studies have included electromyography on 10/31/2014, an MRI of the lumbar spine without contrast performed on 10/20/2014, an MRI of the lumbar spine on 09/10/2012, an x-ray of orbits on 10/20/2014, and a urine drug screen on 10/06/2014. His surgical history was not included. The progress report dated 11/20/2014 documented the injured worker had complained of low back radiating pain to the left lower extremity that he rated without medication at an 8/10 and with medication at a 6/10. On physical examination, it was documented the injured worker had tenderness in the lumbosacral spine and paraspinal muscles, more on the left than the right, on palpation. Range of motion was painful, but within normal limits. A straight leg raise sitting and supine was positive on the left at 45 degrees and negative on the right. His medications included nizatidine 150 mg, Relafen 750 mg, Robaxin 750 mg, and Norco 10/325 mg. His treatment plan included continuing his pain medication, home exercise program, work modification, and return to clinic in 4 to 5 weeks. The rationale for the request was not listed. The Request for Authorization form was signed and dated 11/06/2014 in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (10/325mg, #60, 1 PO Q12 hrs PRN, no refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Opioid Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #60 is not medically necessary. The California MTUS Guidelines state there are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation in the clinical use of these controlled uses. The documentation submitted did not include a current and proper pain assessment, documentation of improved functional status, documentation of a CURES report, or any side effects caused by the Norco. As a result of the lack of documentation, the request for the Norco 10/325 mg #60 is not medically necessary.

Robaxin (750mg, #30, 1 PO DQ, no refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The California MTUS Guidelines state that antispasmodics are used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The guidelines recommend nonsedating muscle relaxants with caution as a second line option for the short treatment of acute exacerbations in patients with low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. There was a lack of documentation of objective functional improvement with the use of this medication. Therefore, the request for Robaxin 750 mg is not medically necessary.