

Case Number:	CM15-0106368		
Date Assigned:	06/19/2015	Date of Injury:	12/15/2003
Decision Date:	07/24/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/02/2015

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, Hawaii
 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 59 year old male who sustained an industrial injury on December 15, 2003. He has reported injury to the left knee and has been diagnosed with stenosis and cervical epidural steroid injection under fluoroscopy, and knee osteoarthritis. Treatment has included surgery, medications, physical therapy, and injections. The left knee had decreased range of motion. Flexion was at 110 degrees and extension was at 5 degrees. There was crepitus with range of motion. There was pain at extremes of motion. X-rays of the knees demonstrate right total knee arthroplasty. The left knee demonstrates severe tri-compartmental arthritis. The treatment request included Robaxin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 mg #60 with 2 refills: Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck and bilateral knees. The current request is for Robaxin 750mg #60 with 2 refills. The treating physician report dated 1/27/15 (22C) states, "He was prescribed Robaxin, Norco, and Feldene and he was told to purchase these at an outside pharmacy". There were only two medical reports provided for review and they were both dated 1/27/15. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use". MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP". MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided do not indicate how long the patient has been prescribed this medication. In this case, it is unclear if the use of the medication is outside the 2-3 weeks recommended by MTUS. Furthermore, the current request is for 2 refills which would extend the patient's use of this medication beyond the 2-3 weeks recommended by the MTUS guidelines. The current request is not medically necessary.

Norco 10/325 mg #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck and bilateral knees. The current request is for Norco 10/325 mg #200. The treating physician report dated 1/27/15 (22C) states, "He was prescribed Robaxin, Norco, and Feldene and he was told to purchase these at an outside pharmacy". There were only two medical reports provided for review and they were both dated 1/27/15. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, do not show how long the patient has been taking Norco. The medical reports provided for review did not document functional improvement, did not address the patient's pain level, any adverse effects or adverse behavior. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required A's are not addressed, the patient's pain level has not been monitored upon each visit, and functional improvement has not been documented. The current request is not medically necessary.