

<b>Case Number:</b>	CM15-0013720		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	12/26/2011
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 48-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 26, 2011. In a Utilization Review Report dated January 14, 2015, the claims administrator failed to approve a request for OxyContin, Robaxin, and oxycodone. An RFA form received on January 7, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On a handwritten note of November 6, 2014, the applicant reported ongoing complaints of low back pain. The note was very difficult to follow and not altogether legible. Medication selection and medication efficacy were not clearly detailed, although it was suggested that the applicant was using OxyContin as of this point in time. The applicant's work status was not outlined. In a handwritten note date February 3, 2015, the applicant was apparently using both long-acting OxyContin and long-acting oxycodone. The attending provider stated that the applicant's pain medications were helping the applicant. The applicant was also using Robaxin. The attending provider stated that there is no evidence of addiction or misuse. The note was very difficult to follow. These comments were not elaborated or expounded upon. In a handwritten note dated January 17, 2015, the applicant was placed off of work, on total temporary disability. The applicant was status post earlier lumbar laminectomy, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 30mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was suggested on multiple handwritten progress notes of late 2014 and early 2015, referenced above. On those dates, the attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing OxyContin usage. The attending provider likewise failed to outline any quantifiable decrements in pain affected as a result of ongoing OxyContin usage. Therefore, the request is not medically necessary.

**Roxicodone 30mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant the applicant was off of work, on total temporary disability, it was acknowledged on multiple handwritten progress notes of late 2014 and early 2015, referenced above. While the attending provider did acknowledge that the applicant had reported some reduction in pain scores with ongoing medication consumption on those dates, these were extremely difficult to follow, not entirely legible and not quantified. More importantly, the attending provider failed to outline examples of any material or improvements in function affected as a result of ongoing Roxicodone usage. Therefore, the request is not medically necessary.

**Robaxin 750mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Finally, the request for Robaxin, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Robaxin are recommended with caution as a second-line option for short term treatment of acute exacerbations of chronic low back pain, here, however, the 60-tablet supply of Robaxin at issue, in and of itself, represents chronic, long-term, and/or daily usage. Such usage, however, is at odds with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.