

Case Number:	CM15-0130249		
Date Assigned:	07/16/2015	Date of Injury:	02/19/2013
Decision Date:	08/19/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/06/2015

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

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 male, who sustained an industrial injury on 2/19/13. He reported low back pain and right leg pain. The injured worker was diagnosed as having lumbosacral sprain/strain, lumbar disc syndrome, and lumbar radiculitis. Treatment to date has included right L5-S1 laminectomy on 12/5/13, TENS, chiropractic treatment, and medication. On 5/14/15 and 6/12/15, pain was rated as 2.5/10. The injured worker had been taking Norco since at least 1/20/15. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Norco 10/325mg #120 and Robaxin 500mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

Decision rationale: The patient presents with lower back pain. The request is for NORCO 10/325MG QTY 120. The request for authorization is dated 06/23/15. The patient is status post right L5-S1 laminectomy/discectomy, 12/05/13. He has occasional right buttock pain occurring when he takes a step. 6 sessions of chiropractic care were completed with much improvement. Per progress report dated 06/12/15, the patient is working full duties without restrictions. 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. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 01/20/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is also not discussed, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. No USD, CURES, or opioid contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Robaxin 500mg Qty 30: Upheld

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

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

Decision rationale: The patient presents with lower back pain. The request is for ROBAXIN 500MG QTY 30. The request for authorization is dated 06/23/15. The patient is status post right L5-S1 laminectomy/discectomy, 12/05/13. He has occasional right buttock pain occurring when he takes a step. 6 sessions of chiropractic care were completed with much improvement. Per progress report dated 06/12/15, the patient is working full duties without restrictions. 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 exacerbations 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 specifically discuss this medication. The patient has been prescribed Robaxin since at least 01/20/15. MTUS guidelines recommend non-sedating muscle relaxants for short-term use. However, Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, the request for additional quantity 30 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.