

Case Number:	CM15-0131638		
Date Assigned:	07/17/2015	Date of Injury:	02/22/2000
Decision Date:	08/14/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	07/07/2015

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: 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 injured worker is a 65 year old female who sustained an industrial injury on 2/22/2000. The mechanism of injury was not available in the records reviewed. The injured worker was diagnosed as having lumbar degenerative disc disease, right hip degenerative joint disease, intrathecal pump (non-functioning), long-acting opioid gives unsatisfactory analgesia and discontinuation of short acting opioid due to overuse. Comorbid conditions included obesity (BMI 30.3). There is no record of a recent diagnostic study. Treatment to date included cognitive behavior therapy, TENS, yoga, chiropractic care, acupuncture, physical therapy and medication. In a progress note dated 6/12/2015, the injured worker complained of continued low back pain, rated 10/10. Present medications include long-acting oxycodone (Oxycontin), short acting oxycodone and Robaxin. There was no documentation of muscle spasms. Physical examination showed erect gait. The treating physician is requesting Oxycodone 15 mg #28 and Robaxin 750 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycodone 15mg #28: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1; 74-96.

Decision rationale: Oxycodone is a semisynthetic opioid indicated for treatment of moderate to severe pain. It is available in immediate release and controlled release forms. If being used to treat neuropathic pain, then it is considered a second-line treatment (first-line are antidepressants and anti-convulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. If treating chronic low back pain, opioids effectiveness is limited to short-term pain relief (up to 16 weeks) as there is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. For this patient, the provider has documented the required monitoring tests and assessments for the safe use of chronic opioid therapy. In fact, the provider is only prescribing opioids one week at a time due to prior opioid abuse. There is also documentation that trials of other first-line medication for neuropathic pain were attempted and failed. However, the provider documents the ineffectiveness of the chronic opioid therapy. Additionally, the calculated morphine equivalent dosage is 210 mg/day which is well above the MTUS guidelines. Additionally, at the visit in which the prescription in question was written the amount of opioids prescribed represents an increase in the total morphine equivalent dose even though the amount of short-acting oxycodone was decreased. Given all the above information, medical necessity for continued use of this medication has not been established. The request is not medically necessary.

1 prescription of Robaxin 750mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-6.

Decision rationale: Robaxin (methocarbamol) is a central-acting sedating muscle relaxant used to treat skeletal muscle spasms. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been treated with continuous use of Robaxin therapy for over 4 weeks. There is no documentation of the presence of muscle spasms nor documentation that use of this medication has decreased pain or improved function. Additionally, 4 weeks use is past the short-term use as noted by the MTUS guidelines. There is no indication to continue its use. The request is not medically necessary.