

Case Number:	CM15-0131893		
Date Assigned:	07/20/2015	Date of Injury:	03/01/2008
Decision Date:	09/23/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/08/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 55 year old male who sustained an industrial injury on 03/01/2008. Current diagnoses include C5-6 and C6-7 disc protrusions with cervical spondylosis, right medial epicondylitis, bilateral carpal tunnel syndrome, low back pain syndrome, right lateral epicondylitis, thoracic degenerative disc disease, cervical radiculitis, degenerative disc disease cervical, ulnar neuropathy, shoulder pain, and chronic pain syndrome. Previous treatments included medications, cervical injection, cortisone injections, and surgical interventions. Previous diagnostic studies include a urine drug screening dated 05/26/2015, 03/03/2015, and 01/06/2015. Report dated 06/23/2015 noted that the injured worker presented with complaints that included neck pain and upper extremity pain. Pain level was not included. Physical examination was positive for decreased range of motion in the cervical spine, tenderness to palpation and muscle spasms, trace reflexes in the upper extremity, Spurling's elicits right sided neck pain, reduced sensation in the right C6 dermatome, and left shoulder has decreased range of motion and tenderness in the subacromial area. Current medication regimen includes Zofran, Lidoderm patch, Gralise, Kadian, tramadol, Robaxin, Anaprox, Lidex ointment, and Naproxen. The treatment plan included requests for medications. Submitted medical records indicate that the injured worker has no been seen on a monthly basis since at least 01/06/2015 and there has been no change in dosage of frequency of the requested medications. There is an opioid agreement on file and CURES report is consistent. Disputed treatments include Robaxin and Kadian.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg take one tablet orally three times daily #90, 3 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: CA MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for acute exacerbations of low back pain. In this case, there is no current evidence for exacerbation to warrant Robaxin. Muscle relaxants are intended for short-term use, limited to 2-3 weeks total. This request is for #90 tablets with 3 refills, which exceeds these guidelines. Long-term use of muscle relaxants can lead to dependency and lack of efficacy. Therefore, the request for long-term Robaxin is not medically necessary or appropriate.

Kadian 20mg one tablet by mouth every 12 hours #60 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78, 80.

Decision rationale: Kadian is a formulation of morphine sulphate prescribed for moderate to severe non-malignant neuropathic pain. It is intended for short-term use. Use beyond 16 weeks has not been proven efficacious or safe. In this case, Kadian has been prescribed since at least February 2014, far exceeding guidelines. Guidelines also require documentation of the 4 A's, which include analgesia, ADLs, adverse side effects and aberrant behavior. The records submitted to do show evidence of compliance with the 4 A's recommendations. Therefore, the request for Kadian is not medically necessary or appropriate.