MAXIMUS Federal Services

Case Number:	CM15-0133654		
Date Assigned:	07/21/2015	Date of Injury:	04/24/1996
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, California
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 57 year old male with an industrial injury dated 04/24/1996. The injured worker's diagnoses include tightening of back muscles and status post multi-level lumbar fusion. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/14/2015, the injured worker presented for a follow up visit status post multi-level lumbar fusion. The injured worker reported mild lower back pain and significant relief of leg pain. Objective findings revealed mild discomfort on palpitation in the mid-lumbar spine and normal gait. X-ray of the lumbar spine revealed early signs of fusion and instrumentation at L4-L5 and L5-S1. The treatment plan consisted of physical therapy, medication management and follow up appointment. In the most recent progress note dated 06/15/2015, the injured worker presented for follow up with complaints of back pain radiating down bilateral legs. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed Norco 10/325mg #240, Celebrex 200mg #60 and Methocarbamol 750mg #30 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1-2 PO Q4-6 hours #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. There was no opioid agreement noted or VAS scores. The continued use of Norco is not medically necessary.

Celebrex 200mg 1-2 PO QD #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. Pain scores or necessity for its use with Norco were no justified. The Celebrex is not medically necessary.

Methocarbamol 750mg 1/2-1 po QD #30: Upheld

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

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

Decision rationale: According to the guidelines, Robaxin is recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant was on Methocarbamol for several months in combination with Norco and Celebrex. Vas scores were not noted. Long-term use is not recommended. Justification for its use in combination with an NSAID is not profound. The continued use of Methocarbamol is not medically necessary.