

Case Number:	CM15-0136065		
Date Assigned:	07/24/2015	Date of Injury:	03/13/2014
Decision Date:	09/23/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/14/2015

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: Florida
 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 23 year old female, who sustained an industrial injury on March 13, 2014. She reported a sharp shooting pain in her upper back and lower back. Treatment to date has included work restrictions, pain medication, diagnostic imaging, orthopedic surgeon evaluation, and psychological therapy. An orthopedic surgical evaluation on March 30, 2015 revealed the injured worker complains of constant neck pain which radiates into her shoulders and upper back. She has increased pain when turning her head from side to side, from flexing and extending the neck, reaching and lifting and from prolonged sitting and standing. She report associated headaches. She rates her neck pain a 10 on a 10-point scale. She reports frequent pain in the bilateral shoulders and notes that the pain increases with rotation, torquing motion, reaching overhead, lifting, carrying, pushing, pulling, abduction or external rotation. She reports occasional clicking, popping and grinding sensations and has associated swelling, numbness, tingling and burning sensations in the bilateral shoulders. She rates her bilateral shoulder pain an 8 on a 10-point scale. She has constant low back pain which radiates into the bilateral legs and upper back. Her pain increases with sitting, walking and standing over 5 minutes, with bending forward, squatting, stooping, navigating stairs, twisting, turning and forceful pushing and pulling. She uses a walker for ambulation and rates her low back pain a 10 on a 10-point scale. The injured worker has frequent pain in the right knee due to using a walker and walking with an uneven gait. Her right knee pain increases with walking or standing over 30-45 minutes, with flexing, with extending the knee and with climbing and descending stairs. She reports swelling, popping, and clicking in the right knee and rates her right knee pain a 10 on a 10-point scale.

She reports difficulty performing activities of daily living due to her injury. On physical examination the injured worker has a positive impingement sign of the right shoulder and a positive Hawkins' sign. She has positive supraspinatus weakness test and positive external rotation test. She has tenderness to palpation over the right parascapular region, the acromioclavicular joint and the greater tuberosity. She has decreased motor strength of the right shoulder. The diagnosis associated with the request is lumbar spinal stenosis. The treatment plan includes oxycodone and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL (hydrochloride) 10mg tablets, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 79-80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

Robaxin 750mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Robaxin is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Robaxin is not medically necessary.