

Case Number:	CM15-0139651		
Date Assigned:	07/29/2015	Date of Injury:	05/26/2003
Decision Date:	08/26/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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, who sustained an industrial injury on May 26, 2003. The initial diagnosis and symptoms experience, by the injured worker, were not included in the documentation. Treatment to date has included toxicology screen and medication. Currently, the injured worker complains of low back pain rated at 8 on 10. The injured worker is diagnosed with lumbar region sprain and disc disease. His work status is permanent and stationary. A note dated May 1, 2015 states the injured worker is improving, but progress is slower than anticipated. In notes, dated May 1, 2015, May 14, 2015 and June 22, 2015, they indicate the injured worker will require pain medication at an ongoing basis. In a note, dated June 22, 2015, it states the medication is required as it is alleviating the injured worker's pain and will be ongoing. A note, dated June 23, 2015, states the injured worker experiences increased pain at L3-S1 with range of motion. The note further states the injured worker experiences efficacy from his current medication regimen (3 on 10 with medication and 8 on 10 without medication). The following medications, Norco 10-325 mg #150 and Robaxin 500 mg #60 with 4 refills are requested to continue to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 150: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2003 and continues to be treated for low back pain. Medications are referenced as decreasing pain from 8/10 to 3/10. When seen, there was decreased lumbar spine range of motion. Medications being prescribed include Norco, omeprazole, Robaxin, and Diclofenac. Norco is being prescribed at a total MED (morphine equivalent dose) of 50 mg per day. Robaxin is being prescribed on a long-term basis. Prior muscle relaxants prescribed include tizanidine. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Robaxin 500mg quantity 60 with four refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), (2) Methocarbamol (Robaxin) Page(s): 63, 65.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2003 and continues to be treated for low back pain. Medications are referenced as decreasing pain from 8/10 to 3/10. When seen, there was decreased lumbar spine range of motion. Medications being prescribed include Norco, omeprazole, Robaxin, and Diclofenac. Norco is being prescribed at a total MED (morphine equivalent dose) of 50 mg per day. Robaxin is being prescribed on a long-term basis. Prior muscle relaxants prescribed include tizanidine. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include Robaxin (methocarbamol). In this case, there is no identified new injury or exacerbation and muscle relaxants have been prescribed on a long-term basis. Robaxin was not medically necessary.