

<b>Case Number:</b>	CM15-0147543		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 23 year old female who sustained an industrial injury on 3-13-14. Progress report dated 2-6-15 reports industrial injury on 2-28-14 with complaints of back, right shoulder and neck pain. Most recent progress report dated 5-15-15 reports the following; anxiety, tension, and irritability are reduced, depression is reduced, denies crying episodes and denies feeling life is not worth living. Diagnoses include adjustment disorder with mixed anxiety and depressed mood. Plan of care includes prescribed ambien 10 mg 1 at night as needed, #30 and recommend 12 sessions of group therapy and 8 sessions of biofeedback therapy. Work status was not noted. Follow up in 12 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #120 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 92, 78-80, 124.

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

**Decision rationale:** The claimant sustained a work injury in March 2014 and continues to be treated for neck, back, and right shoulder pain. When seen, she was having worsening muscle spasms after a decrease in Robaxin. Physical examination findings included decreased lumbar spine range of motion with tenderness and muscle spasms. There was a normal neurological examination. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing is not medically necessary.

**Robaxin 750mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

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

**Decision rationale:** The claimant sustained a work injury in March 2014 and continues to be treated for neck, back, and right shoulder pain. When seen, she was having worsening muscle spasms after a decrease in Robaxin. Physical examination findings included decreased lumbar spine range of motion with tenderness and muscle spasms. There was a normal neurological examination. 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 is not medically necessary.