

<b>Case Number:</b>	CM15-0148029		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	11/06/2006
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 52 year old female, who sustained an industrial injury on 11-6-2006. She reported low back pain. The mechanism of injury is not indicated. The injured worker was diagnosed as having lumbar post laminectomy syndrome, failed back syndrome of lumbar spine, and abnormality of gait. Treatment to date has included medications, urine drug screening (3-6-2015), x-ray thoracic spine and left shoulder (6-18-2014). The request is for Percocet, and Robaxin. She is noted to have been utilizing Percocet and Robaxin since at least January 2015, possibly longer. On 6-5-2015, she reported continuing to work. She indicated she had increasing low back pain and lower extremity pain. She rated her pain 6 on the pain scale. She described her pain as aching, constant, sore and severe. The physical examination revealed she is not impaired by her medications. She is able to move on and off the examination table with difficulty, pain in the low back with a decreased ranged of motion, and an abnormal gait. The treatment plan included: chiropractic treatment, lumbar epidural steroid injection, pain management psychologist, and refilling Percocet, and Robaxin. On 7-10-2015, she reported low back pain with radiation to the right lower extremity. She rated her pain 5 on a pain scale. She described the pain as aching, burning, radiating, shooting and severe. Physical examination revealed she had some difficulty transitioning on and off the examination table, pain is noted to the low back region, gait is antalgic and decreased range of motion to the low back. The provider noted they monitor the 4 A's for opioid medications. The treatment plan included: Percocet, and Robaxin. Her work status I noted to be per the primary treating physician.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg Qty 150, 1 tab every 4-6 hrs for 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 24-25, Chronic Pain Treatment Guidelines Opioids Page(s): 79-83. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78, 93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Review of the available medical records reveals no documentation to support the medical necessity of Percocet or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records contain UDS report dated 3/6/15 which was consistent with prescribed medication. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary and cannot be affirmed.

**Robaxin 750 mg Qty 120, 1 tab 3 times daily for 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 24-25, Chronic Pain Treatment Guidelines Opioids Page(s): 79-83. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

**Decision rationale:** MTUS CPMTG recommends 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. The documentation submitted for review indicates that the injured worker has been using this medication since at least 4/2015. There is no documentation of the patients' specific functional level or percent improvement with treatment with Robaxin. As it is recommended only for short-term use, the request is not medically necessary and cannot be affirmed.