

<b>Case Number:</b>	CM15-0148766		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	12/14/2014
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43 year old male with an industrial injury dated 12-14-2014. The injured worker's diagnoses include compression fracture of the thoracic spine. Treatment consisted of diagnostic studies, prescribed medications, acupuncture therapy and periodic follow up visits. In a progress note dated 07-20-2015, the injured worker reported mid back pain. The injured worker reported functional and pain improvement from current medication regimen with no side effects. The injured worker rated pain a 2 out of 10 with medications and a 7 out of 10 without medications. Objective findings revealed tenderness in the midline thoracic spine from T3-T7. The treatment plan consisted of bone scan, continuation of acupuncture therapy, medication management and follow up evaluation. The treating physician prescribed Norco 5-325mg #90 and Robaxin 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 5/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient was injured on 12/14/14 and presents with mid back pain. The request is for NORCO 5/325 #90 for pain. The utilization review denial rationale is that "there is no documentation providing objective evidence of functional gains associated with medication use to support the subjectively report benefit. Furthermore, there is no documentation of the actual current urine drug screen result and the signed pain contract. There is no documentation of a risk assessment profile and an attempt at weaning and tapering." There is no RFA provided and the patient is return to modified work duty on 07/20/15 with the following restrictions: no lifting, pushing, or pulling over 30 pounds. The patient has been taking Norco as early as 04/01/15 and treatment reports are provided from 01/20/15 to 07/20/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids-Therapeutic Trial of Opioids, also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." On 04/01/15, the patient rated his pain as a 6-7/10. On 05/13/15 and 06/24/15, he rated it as a 6/10. "The patient reports he can perform personal self-care activities including washing, dressing, and using the restroom normally without extra discomfort." The 07/20/15 report states that the patient "is currently working" denies any side effects from his medication. Overall, he is noting functional improvement and improvement in pain with his current medication regimen. He notes improvement with activities of daily living, as well as increased ability to sit, stand, walk, and work. "Opioid Treatment Agreement was reviewed with patient today and the patient agrees to abide by the rules." He rates his pain as a 2/10 with medication and a 7/10 without medication. Although there are no urine drug screens provided to see if the patient is compliant with his prescribed medications, all of the 4 As are addressed as required by MTUS Guidelines. There are medication pain scales provided, examples of ADLs which demonstrate medication efficacy, and no documented adverse behavior/side effects. The treating physician provides adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco is medically necessary.

**Robaxin 750mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The patient was injured on 12/14/14 and presents with mid back pain. The request is for Robaxin 750 MG #30 for pain. There is no RFA provided and the patient is return to modified work duty on 07/20/15 with the following restrictions: no lifting, pushing, or pulling over 30 pounds. The patient has been taking Robaxin as early as 03/11/15. MTUS Guidelines, Muscle Relaxants, pages 63-66 for muscle relaxants (for pain) states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS Guidelines, Antispasmodics, pages 63-66, under antispasmodics for methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. The patient has tenderness in the midline thoracic spine from T3-T7 and he is diagnosed with compression fracture of the thoracic spine. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, MTUS recommends non-sedating muscle relaxants for a short period of time. In this case, the patient has been taking Robaxin since 03/11/15 which does not indicate short-term use of this medication. Therefore, the requested Robaxin is not medically necessary.