

Case Number:	CM15-0162132		
Date Assigned:	08/28/2015	Date of Injury:	03/02/2010
Decision Date:	10/13/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/18/2015

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: New York, California

Certification(s)/Specialty: Emergency Medicine

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 61-year-old male, who sustained an industrial injury on March 2, 2010 while working as a custodian. The injury occurred while the injured worker was unfolding heavy tables. The injured worker experienced a sharp pain in his right shoulder and arm. The injured worker was also noted to have had an industrial injury on March 2, 2015, in which he sustained an injury to his back. The injured worker has been treated for head, neck, back, bilateral shoulder, bilateral upper extremity and bilateral lower extremity complaints. The diagnoses have included lumbar disc herniation, lumbosacral spondylolisthesis, lumbar foraminal stenosis, lumbar radiculitis, sciatica, severe axial back pain, osteoarthritis of the acromioclavicular joint, end-stage osteoarthritis of the bilateral shoulders and insomnia. Treatment and evaluation to date has included medications, radiological studies, MRI, physical therapy, chiropractic treatments, transcutaneous electrical nerve stimulation unit, home exercise program, right shoulder surgery and lumbar spine surgery. The injured worker was noted to be temporarily totally disabled. Current documentation dated June 25, 2015 notes that the injured worker had a lumbosacral arthrodesis performed on May 7, 2015. The injured worker noted feeling fatigued and had increasing radiating pain into the left greater than the right buttock, down through the left lower extremity and last three toes. The injured worker also noted intermittent sharp groin pain. The pain was noted to be 80% in the right leg and 20% in the left leg. The pain was rated a 3-5 out of 10 on average at rest and an 8-9 out of 10 with activity. Examination of the lumbar spine revealed a standing range of motion to be 45 degrees. A straight leg raise test was negative. The injured workers gait was broad based with a walker. Sensory examination was normal. The

treating physician's plan of care included requests for Percocet 10-325 mg # 240, Robaxin 500 mg # 180 and Tramadol 50 mg # 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 07/15/15)-Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines discourages long-term usage of the short-acting opioid Percocet unless there is evidence of "ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." The MTUS Guidelines indicate that "functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The guidelines support short-term use of pain medications in the management of acute pain and acute exacerbations of chronic pain. In this case, the injured worker had chronic back pain and was noted to have had a lumbosacral arthrodesis performed on May 7, 2015. Percocet has been prescribed for the injured worker since May of 2015. The injured worker was 6 weeks post-operative back surgery. There is lack of documentation of improvement in pain levels with the use of the Percocet. There is no documented functional improvement with the use of Percocet. The need for Percocet on a daily basis with lack of documented functional improvement is not fully established. Additionally, the request does not include dosing or frequency. Therefore, the request for Percocet 10-325 mg # 240 is not medically necessary.

Robaxin 500 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that 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. "Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAID's) in pain relief and overall improvement. In addition, there is no additional benefit shown in combination with NSAID's. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence." The mechanism of action of Robaxin is unknown, but it appears to be related to central nervous system depressant effects with related sedative properties. In this case, the injured worker was noted to have chronic low back pain and had a lumbosacral arthrodesis performed on May 7, 2015. The injured worker was noted to be 6 weeks post-surgery. The documentation does not note spasm, acute pain or an exacerbation of the chronic pain. The MTUS guidelines recommend muscle relaxants for short-term use and notes that efficacy appears to diminish over time. Additionally, the request does not include dosing or frequency. There is lack of documentation of function benefit with the requested medication. The request for Robaxin is not medically necessary.

Tramadol 50 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Pain (updated 07/15/15)-Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that central acting analgesics may be used to treat chronic pain. Tramadol is not recommended as a first-line oral analgesic. This small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs are reported to be effective in managing neuropathic pain. Side effects are similar to traditional opioids. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The MTUS guidelines discourage long-term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life. The MTUS Guidelines indicate that "functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. On-going management of opioids for chronic pain requires documentation of pain relief, side effects, physical and psychological functioning and the occurrence of any potentially aberrant or non-aberrant drug-related behaviors. In this case, the injured worker was noted to have chronic back pain and was noted to have had a lumbosacral arthrodesis performed on May 7, 2015. The injured worker was noted to be 6 weeks post-surgery. The injured worker was prescribed Percocet and Tramadol post-operatively. There

is lack of documentation of improvement in pain levels with the use of the Tramadol. There is no documented functional improvement with the use of Tramadol. The need for Tramadol on a daily basis with lack of documented functional improvement is not fully established.

Additionally, the request does not include dosing or frequency. Therefore, the request for Tramadol 50 mg # 180 is not medically necessary.