

<b>Case Number:</b>	CM15-0162513		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 35 year old male who sustained an industrial injury on 10-10-12. He had complaints of neck and back pain. He was diagnosed with a significant lumbar disc bulge and required surgery. Progress report dated 7-15-15 reports continued complaints of neck, thoracic spine, lumbar spine and bilateral shoulder pain. He has numbness and tingling in the bilateral upper extremities with radiating pain to the upper extremities and lower extremities. The pain is rated 7 out of 10. Diagnoses include: failed back surgery, cervical spine pain, disc bulges, chronic low back pain, moderate left L5-S1 facet hypertrophy, left ulnar neuropathy, bilateral carpal tunnel syndrome and bilateral shoulder injury. Plan of care includes: request bilateral S1 transforaminal injection under fluoroscopy and bilateral C5-6 transforaminal injection, continue cymbalta and percocet, add senna, start on Voltaren gel and will get urine screen on next visit. Work status: per primary treating doctor. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90 x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work-related injury in October 2012 and is being treated for back and back pain including a diagnosis of failed back surgery syndrome. When seen, pain was rated at 7/10. Percocet was helping. Flexeril had cause side effects. There was cervical, trapezius, shoulder, lumbar, and gluteal tenderness. There was decreased and painful lumbar range of motion. There was normal strength. Diagnoses include gastric reflux due to medications. Medications were prescribed. Percocet (oxycodone/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. 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 by reported VAS scores or examples of how it provides an increased level of function or improved quality of life. Continued prescribing is not medically necessary.

**Robaxin 50mg #120 x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity Drugs gel.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Methocarbamol (Robaxin), p65 Page(s): 63, 65.

**Decision rationale:** The claimant sustained a work-related injury in October 2012 and is being treated for back and back pain including a diagnosis of failed back surgery syndrome. When seen, pain was rated at 7/10. Percocet was helping. Flexeril had cause side effects. There was cervical, trapezius, shoulder, lumbar, and gluteal tenderness. There was decreased and painful lumbar range of motion. There was normal strength. Diagnoses include gastric reflux due to medications. Medications were prescribed. Robaxin is a muscle relaxant in the antispasmodic class. Although its mechanism of action is unknown, it appears to be related to central nervous system depressant effects with related sedative properties. 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. Its efficacy may diminish over time, and prolonged use may lead to dependence. Although used to decrease muscle spasm, these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. In this case, muscle relaxants have been prescribed on a long-term basis. The amount prescribed is consistent with use for at least two months. The request is not medically necessary.

**Voltaren Gel 4mg (2 Tubes) x 1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Topical Analgesics Page(s): 111-113.

**Decision rationale:** The claimant sustained a work-related injury in October 2012 and is being treated for back and back pain including a diagnosis of failed back surgery syndrome. When seen, pain was rated at 7/10. Percocet was helping. Flexeril had cause side effects. There was cervical, trapezius, shoulder, lumbar, and gluteal tenderness. There was decreased and painful lumbar range of motion. There was normal strength. Diagnoses include gastric reflux due to medications. Medications were prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has intolerance of oral NSAID medications and has localized spine pain that appears amenable to topical treatment. Generic medication is available. This request for topical diclofenac is medically necessary.