

Case Number:	CM15-0163431		
Date Assigned:	08/31/2015	Date of Injury:	11/07/2004
Decision Date:	09/30/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 59-year-old female, who sustained an industrial injury on 11-7-2004. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic intractable pain syndrome, failed back syndrome, lumbar spondylosis, severe neuropathic pain with sever anxiety, chronic pain syndrome, depression and gait dysfunction. Lumbar magnetic resonance imaging showed a small left foraminal protrusion, lumbar 4-5 facet arthropathy and broad based disc bulge. A progress note dated 7-20-2015, the injured worker complains of chronic back pain and anxiety. Physical examination showed back pain with reduced lumbar range of motion. The treating physician is requesting Robaxin 500 mg #60 with 5 refills and a Multidisciplinary evaluation for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Robaxin 500 mg #60 with five refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic intractable pain syndrome; failed back syndrome; lumbar spondylosis; severe neuropathic pain with severe anxiety; chronic pain syndrome; depression and gait dysfunction. Date of injury is November 7, 2004. Request authorization is July 21, 2015. According to a progress note dated July 20, 2015, the injured worker has ongoing back pain, injured worker status post lumbar spine surgery at L3 - L4. The injured worker is scheduled for a follow-up visit with [REDACTED] for evaluation of a recent magnetic resonance imaging scan. The injured worker's pain and anxiety are out of control. The injured worker is disruptive and in tears. The treating provider is scheduling a follow up evaluation with psychiatry for medications. Objectively, range of motion of the lumbar spine is reduced in all planes. The remainder of the physical examination is generally unremarkable. There is no muscle spasm present. The treating provider prescribed Robaxin #60 (a one month supply) with five refills. The start date is not specified in the medical record. Muscle relaxants are recommended for short-term (less than two weeks). The treating provider has requested a six-month supply of muscle relaxants. A six-month supply is in excess of the recommended guidelines for less than two weeks. Additionally, there is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, a prescription for Robaxin +5 refills (a six month supply) in excess of the recommended guidelines for short-term use, and no documentation of acute low back pain or an acute exacerbation of low back pain, Robaxin 500 mg #60 with five refills is not medically necessary.

Multidisciplinary evaluation for functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, multidisciplinary evaluation for functional restoration program is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system). The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be

some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are chronic intractable pain syndrome; failed back syndrome; lumbar spondylosis; severe neuropathic pain with severe anxiety; chronic pain syndrome; depression and gait dysfunction. Date of injury is November 7, 2004. Request authorization is July 21, 2015. According to a progress note dated July 20, 2015, the injured worker has ongoing back pain. Injured worker status post lumbar spine surgery at L3-L4. The injured worker is scheduled for a follow-up visit with [REDACTED] for evaluation of a recent magnetic resonance imaging scan. The injured worker's pain and anxiety are out of control. The injured worker is disruptive and in tears. The treating provider is scheduling a follow up evaluation with psychiatry for medications. Objectively, range of motion of the lumbar spine is reduced in all planes. The remainder of the physical examination is generally unremarkable. There is no muscle spasm present. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. The documentation indicates the injured worker has been disruptive, tearful with pain and anxiety out of control. The treating provider has referred the injured worker to a psychiatrist for evaluation. There are significant negative predictors for success documented in medical record. A functional restoration program evaluation is premature at this time pending psychiatric evaluation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and significant negative predictors for success, multidisciplinary evaluation for functional restoration program is not medically necessary.