

Case Number:	CM15-0164935		
Date Assigned:	09/02/2015	Date of Injury:	10/17/2000
Decision Date:	10/15/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/21/2015

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 58 year old male, who sustained an industrial injury on October 17, 2000. He reported neck pain, low back pain and bilateral lower extremity pain. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, spinal stenosis of lumbar region, lumbar radiculopathy, osteoarthritis of the spinal facet joint and post-laminectomy syndrome of the lumbar region. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the lumbar spine, cervical epidural injection, conservative care, acupuncture, medications and work restrictions. Currently, the injured worker continues to report neck pain, low back pain and bilateral lower extremity pain. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 4, 2015, revealed continued pain rated at 7-8 on a 1-10 scale with 10 being the worst. It was noted on this report he had signed an opioid contract in October of 2014. It was also noted he was having difficulty weaning from pain medication for fear of withdrawal symptoms. Evaluation on April 14, 2015, revealed continued pain as noted. He rated his pain at 7 without medications and at 10 with the use of medications on a 1-10 scale with 10 being the worst. It was noted he was weaned from all medications except Baclofen and Lyrica. Baclofen and Lyrica were continued. Cervical epidural injection under fluoroscopy was performed on April 21, 2015. Evaluation on July 28, 2015, revealed continued pain as noted. He rated his pain at 6 on a 1-10 scale with the use of medications and at 10 on a 1-10 scale without the use of

medications on a 1-10 scale with 10 being the worst. It was noted he was participating in acupuncture 2 times weekly with benefit. Current medications included Baclofen and Lyrica. Percocet 10/325mg #90 and Robaxin 500mg #60 with 3 refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient was injured on 10/17/00 and presents with low back pain, neck pain, and bilateral leg pain. The request is for Robaxin 500 Mg #60 With 3 Refills. The RFA is dated 07/28/15 and the patient's current work status is not provided. None of the reports provided mention Robaxin and it appears as this may be the initial trial for this medication. MTUS Guidelines, Muscle Relaxants Section, 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 Section, 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 mild tenderness along the posterior paracervical areas and shoulder blade, a restricted cervical spine range of motion, tenderness along the lumbar spine, a restricted lumbar spine range of motion, and a positive straight leg raise on the left. He is diagnosed with degeneration of lumbar or lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, spinal stenosis of lumbar region, lumbar radiculopathy, osteoarthritis of the spinal facet joint and post-laminectomy syndrome of the lumbar region. 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 treater has requested for 60 tablets of Robaxin with 3 refills which does not indicate short-term use of this medication. Therefore, the requested Robaxin is not medically necessary.

Percocet 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 10/17/00 and presents with low back pain, neck pain, and bilateral leg pain. The request is for Percocet 10/325 Mg #90. The utilization review letter did not provide a rationale. The RFA is dated 07/28/15 and the patient's current work status is not provided. None of the reports provided mention Percocet and it appears as this may be the initial trial for this medication. MTUS, Criteria For Use Of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 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, Criteria For Use Of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids For Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, Medications For Chronic Pain Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Review of the reports provided does not indicate if the patient had any recent prescribed opioids. Given the patient's continued low back, neck, and bilateral leg pain, a trial of Percocet may be appropriate. For ongoing use of this medication, the treater will need to provide documentation of pain and functional improvement including the 4 As going forward. The current requested Percocet is medically necessary.