

Case Number:	CM15-0169794		
Date Assigned:	09/16/2015	Date of Injury:	06/16/2006
Decision Date:	10/15/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 6-16-2006. Diagnoses include lumbago, lumbar radiculopathy and lumbar degenerative disc disease. Treatment to date has included surgical intervention (lumbar laminectomy and discectomy, 1-2015), diagnostics, transforaminal epidural steroid injections, physical therapy, medications, and chiropractic therapy. Per the handwritten Primary Treating Physician's Progress Report dated 5-12-2015, the injured worker reported increased pain in the left leg. Some notes are illegible. She reports increase in activities of daily living (ADLs) with pain medications. No side effects of meds. Current medications include OxyContin, Oxycodone, Lyrica and Soma. Objective findings included range of motion decreased lumbar spine. Per the medical records dated 3-18-2015, the injured worker was prescribed Roxicodone, Oxycontin, Lyrica and Soma. Per the medical records dated 4-17-2015, the injured worker was prescribed Roxicodone, Oxycontin and Soma. There is not documentation of a decrease in subjective pain levels, or description of functional improvement with the current treatment. The plan of care included refill of medications. On 8-06-2015, Utilization Review non-certified the request for Robaxin 750mg #60, Oxycodone 30mg #90, and Oxycontin 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 mg #60: 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: According to the MTUS guidelines, muscle relaxants are to be used 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 NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, Robaxin is a muscle relaxant that was used in combination with Opioids. Long-term use is not indicated. The claimant had been on SOMA for several months prior to the Robaxin. Spasms were not particularly noted. The request for Robaxin is not medically necessary.

Oxycodone 30 mg #90: 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): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for several months in combination with Oxycodone. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The combined dose of Oxycodone and Oxyciontin exceeded the 120 mg of Morphine equivalent recommended by the guidelines. Pain score reduction with use of medication is unknown. The continued use of Oxycodone is not medically necessary.

Oxycontin 30 mg #60: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: According to the MTUS guidelines, Oxycontin not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. In this case, the claimant had been on Oxycodone for several months in combination with Oxycodone. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The combined dose of Oxycodone and Oxycontin exceeded the 120 mg of Morphine equivalent recommended by the guidelines. Pain score reduction with use of medication is unknown. The continued use of Oxycontin is not medically necessary.