

Case Number:	CM15-0182941		
Date Assigned:	09/23/2015	Date of Injury:	06/24/1997
Decision Date:	10/28/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/17/2015

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 39 year old female, who sustained an industrial injury on 6-24-1997. The medical records indicate that the injured worker is undergoing treatment for cervical sprain-strain, cervical degenerative disc disease, cervical stenosis, cervical disc protrusion, cervical facet joint arthropathy, and right cervical facet joint pain at C2-3, C5-6, and C6-7. According to the progress report dated 9-1-2015, the injured worker presented with complaints of neck pain with radiation into the right arm, lateral right forearm, and right hand, associated with numbness and paresthesia. The level of pain was not rated. The physical examination of the cervical spine reveals positive spasm, restricted and painful range of motion, and tenderness to palpation over the paraspinal muscles overlying the right C2-3 and C5-T1 facet joints, positive facet joint provocative maneuver and positive nerve root tension sign on the right. The current medications are Robaxin, Neurontin, Relafen, Zolof, Omeprazole, Ativan, and Norco. There is documentation of ongoing treatment with Hydrocodone and Robaxin since at least 2-5-2015. Treatments to date include medication management and facet joint medial branch block. Work status is described as permanent and stationary. The original utilization review (9-17-2015) partially approved a request for Hydrocodone #90 (original request was for #120) to allow for weaning. The request for Robaxin was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 #120: 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, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1997 and continues to be treated for radiating neck pain. When seen, physical examination findings included decreased and painful cervical spine range of motion. There was positive cervical facet loading. There was cervical paraspinal and facet joint tenderness. Neural tension signs were positive on the right side. Medications were refilled. Muscle relaxants have included Flexeril, Skelaxin, Soma, Robaxin, and tizanidine. Norco has been prescribed on a long-term basis. VAS scores are not recorded. Hydrocodone/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 currently providing decreased pain through documentation of VAS pain scores. Continued prescribing is not considered medically necessary.

Robaxin 750mg #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: The claimant has a remote history of a work injury occurring in June 1997 and continues to be treated for radiating neck pain. When seen, physical examination findings included decreased and painful cervical spine range of motion. There was positive cervical facet loading. There was cervical paraspinal and facet joint tenderness. Neural tension signs were positive on the right side. Medications were refilled. Muscle relaxants have included Flexeril, Skelaxin, Soma, Robaxin, and tizanidine. Norco has been prescribed on a long-term basis. 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. Drugs with the most limited published evidence in terms of clinical effectiveness include methocarbamol. In this case, there is no identified new injury or exacerbation and muscle relaxants have been prescribed on a long-term basis. Ongoing prescribing is not considered medically necessary.