

<b>Case Number:</b>	CM15-0193114		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	02/09/1991
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 61 year old male, who sustained an industrial injury on 2-9-91. He reported right knee pain. The injured worker was diagnosed as having intervertebral disc degeneration, knee degenerative joint disease, and chronic pain. Treatment to date has included 2 arthroscopic knee surgeries in 1991, physical therapy, and medication including Lidoderm patches, Cyclobenzaprine, Ibuprofen, Methocarbamol and Codeine Sulfate. Physical examination findings on 6-8-15 included diffuse tenderness over the lumbar spine, painful bilateral sacroiliac joints, and lumbar spine spasms. Lumbar range of motion was decreased, bilateral hip range of motion was decreased, and bilateral knee range of motion was painful. The injured worker had been taking Codeine Sulfate since at least May 2014 and Methocarbamol since at least 2013. On 6-8-15 pain was rated as 8 of 10. On 6-8-15, the injured worker complained of back and knee pain. On 8-31-15 the treating physician requested authorization for Methocarbamol 500mg #90 with 3 refills and Codeine Sulfate 60mg #120. On 9-5-15 Methocarbamol was modified to certify a quantity of 60 with no refills and Codeine Sulfate was modified to a quantity of 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 500mg quantity 90 with three refills: Upheld**

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

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

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant, Methocarbamol (Robaxin) for this chronic 1991 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use prescribed since at least 2013. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Methocarbamol 500mg quantity 90 with three refills is not medically necessary and appropriate.

**Codeine Sulfate 60mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Codeine.

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

**Decision rationale:** The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids since at least May 2014 in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 1991 injury without acute flare, new injury, or progressive neurological deterioration. The Codeine Sulfate 60mg quantity 120 is not medically necessary and appropriate.