

<b>Case Number:</b>	CM15-0198688		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	04/30/2009
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: North Carolina

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 66-year-old male, with a reported date of injury of 04-20-2009. The diagnoses include lumbar disc disease, lumbar facet syndrome, and status post left knee surgery times two. Treatments and evaluation to date have included Norco, Anaprox, Fexmid, home exercise program, physical therapy, and left knee brace. The diagnostic studies to date have included a urine drug screen on 01-16-2015 which was positive for benzodiazepine; a urine drug screen on 06-03-2015 which was positive for opiates; an MRI of the lumbar spine on 08-25-2014 which showed multilevel disc bulge, anterolisthesis of L4 on L5, mild bilateral facet arthropathy, and disc desiccation with mild to moderate disc height loss at L3-4, L4-5, and L5-S1. The progress report dated 09-02-2015 indicates that the injured worker complained of low back pain without appreciable bilateral lower extremity radiculopathy symptoms. The low back pain was rated 7 out of 10. The injured worker also complained of left knee pain with popping and grinding, give away once a week and weight bear intolerance. The left knee pain was rated 7 out of 10. The objective findings include tenderness to palpation of the lumbar spine with hypertonicity and spasm; increased low back pain with bilateral straight leg raise test, extension, and rotation maneuver; bilateral limited range of motion; tenderness to palpation of the medial and lateral joint line; positive patellofemoral joint; and limited left knee range of motion. The injured worker's status was noted as permanent and stationary. The treatment plan included a prescription for Tylenol #3, one every 12 hours as needed for pain, and Robaxin, 1-2 three times a day as needed. The progress report dated 07-21-2015 indicates that the injured worker complained of low back pain, which was rated 5-6 out of 10. The objective findings included

spasm of the left sacroiliac joint; tenderness to palpation of the lumbar paravertebral musculature; decreased range of motion of the lumbar spine, greatest pain with extension; positive Kemp's; increased low back pain with straight leg raise; and left knee without change. The request for authorization was dated 09-02-2015. The treating physician requested shipping and handling, Acetaminophen-Codeine (Tylenol #3) 300-30mg #60, and Methocarbamol (Robaxin) 750mg #120. On 09-21-2015, Utilization Review (UR) non-certified the request for shipping and handling, Acetaminophen-Codeine 300-30mg #60, and Methocarbamol 750mg #120.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **1 Shipping and handling: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

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

**Decision rationale:** When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary. As the medications requested are not medically necessary the request for shipping and handling is not medically necessary.

### **Acetaminophen/codeine 300/30mg quantity 60: 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 for chronic pain.

**Decision rationale:** When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS

scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

**Methocarbamol 750mg quantity 120:** 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:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.