

Case Number:	CM15-0202066		
Date Assigned:	10/16/2015	Date of Injury:	12/30/2012
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/14/2015

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 64-year-old female who sustained an industrial injury on 12-30-2012 and has been treated for neck and upper back pain with numbness in both hands. Diagnoses include cervical radiculopathy, myofascial pain, left rotator cuff tendonitis, and left first CMC osteoarthritis. On 9-4-2015 the injured worker reported persistent pain in her neck, down to her shoulders and hands, with numbness on her hand and tingling around the arm. Objective examination noted wrist tenderness, soreness in the cubital tunnel, and numbness and tingling down the left hand with Spurling's maneuver. The exam on 8-24-2015 stated that she had "no use of the left upper extremity and marked loss of left shoulder range of motion," and that she "remains with a serious complex chronic pain condition that has not improved." Documented treatment includes physical therapy, acupuncture, chiropractic care, massage therapy, and medications Ibuprofen, Lidoderm patch, Norco since at least 2-2015, and Methocarbamol since at least 1-2015. There is no response to these medications and discussion of urine drug screening or pain contract, however, it is documented that there is no substance abuse or misuse. The treating physician's plan of care includes a request for authorization on 9-2-2015 for methocarbamol 500 mg, and Norco 5-325 mg she has not worked since 1-3-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 500mg #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): Muscle relaxants (for pain).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant, Methocarbamol (Robaxin) for this chronic 2012 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. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Methocarbamol 500mg #90 is not medically necessary and appropriate.

Norco 5/325 #30: 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, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

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 in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status, remaining off work since January 2013 with persistent severe pain for this chronic December 2012 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 5/325 #30 is not medically necessary and appropriate.