MAXIMUS Federal Services

| Case Number: | CM15-0209345 | | |
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| Date Assigned: | 10/29/2015 | Date of Injury: | 03/01/1994 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 10/06/2015 |
| Priority: | Standard | Application Received: | 10/23/2015 |

## 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 69 year old female, who sustained an industrial injury on 03-01-1994. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for neck pain with degenerative disc disease, bilateral carpal tunnel syndrome, cumulative trauma disorder of the bilateral upper extremities, cervical post-laminectomy syndrome, cervical spondylosis with myelopathy, low back pain with spondylosis, sleep disorder, anxiety and major depressive disorder. Medical records (06-03-2015 to 09-17-2015) indicate ongoing neck and severe low back pain with radiating pain into the right lower extremity. Pain levels were rated 8 out of 10 in severity on a visual analog scale (VAS) without medication and 5 out of 10 with medication. Records also indicate worsening pain and no functional improvement despite medications and surgery. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-17-2015, revealed a spasm attack in the right lower extremity upon standing. Relevant treatments have included: lumbar discectomy and fusion (07-02-2015), physical therapy (PT), psychological therapy, work restrictions, and pain medications (Percocet and Robaxin since 06-2015). The treating physician indicates that a CURES report showed consistent findings. The PR and request for authorization (09-17-2015 and 09-25-2015) shows that the following medications were requested: Percocet 10-325mg #240 and Robaxin 750mg #60. The original utilization review (10-06-2015) non-certified the request for Percocet 10-325mg #240, and partially approved the request for Robaxin 750mg #60 which was modified to # 20 for weaning.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #240:** Upheld

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

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

**Decision rationale:** Percocet 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 Percocet for a year without significant improvement in baseline function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.

**Robaxin 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary last updated 09/08/2015.

**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, the claimant was on muscle relaxants for over a year including the prior use of Skelaxin. Chronic use is not indicted and continued use of Robaxin in combination with opioids is not medically necessary.