

Case Number:	CM15-0209945		
Date Assigned:	10/28/2015	Date of Injury:	04/05/2004
Decision Date:	12/09/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/26/2015

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 4-5-04. A review of the medical records indicates he is undergoing treatment for low back pain and lumbar radiculopathy (Request for Authorization 10-6-15). Medical records (4-7-15, 6-5-15, and 10-6-15) indicate ongoing complaints of low back pain with radiation to the right groin area. The 10-6-15 record indicates he also complains of "spasm" affecting the musculature of the lumbosacral area. The physical exam (10-6-15) reveals that the injured worker is "uncomfortable" while sitting. He reports pain with range of motion of the pack. Paraspinal discomfort is noted with flexion and extension of the lumbar spine. The straight leg raise test is limited due to pain bilaterally. The treating provider indicates that at 20 degrees, he reports, "increased back pain bilaterally radiating to the buttocks". Motor strength is noted to be "grossly intact" in bilateral lower extremities. Treatment has included medications. His medications have included Vicoprofen since, at least 4-7-15. Treatment recommendations include continuation of the Vicoprofen and he was given a prescription for Robaxin on 10-6-15. The utilization review (10-21-15) includes requests for authorization of Hydrocodone-Ibuprofen 7.5-200mg #120 and Robaxin 750mg #60 with 2 refills. The Hydrocodone-Ibuprofen was modified to a quantity of 22 and the Robaxin was modified to a quantity of 60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Ibuprofen 7.5/200mg #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): NSAIDs (non-steroidal anti-inflammatory drugs), Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: Review indicates the request for Hydrocodone/Ibuprofen 7.5/200mg #120 was modified for weaning. Per the MTUS Guidelines cited, 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 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 since at least April 2015 of opioid with persistent severe pain for this chronic April 2004 injury without acute flare, new injury, or progressive deterioration. Additionally, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic 2004 injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. The Hydrocodone/Ibuprofen 7.5/200mg #120 is not medically necessary and appropriate.

Robaxin 750mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Review indicates the request for Robaxin was modified. Guidelines do not recommend long-term use of this muscle relaxant, Methocarbamol (Robaxin) for this chronic

2004 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 Robaxin 750mg #60 with 2 refills is not medically necessary and appropriate.