

Case Number:	CM15-0021366		
Date Assigned:	02/10/2015	Date of Injury:	08/15/2011
Decision Date:	03/27/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/04/2015

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: Texas, 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:

This is a 60 year old male patient, who sustained an industrial related injury on 8/15/11 due to repetitive lifting. Diagnoses included lumbar disc disease and lumbar spine radiculopathy. Doctor's note dated 1/8/15 was not fully legible. Per the doctor's note dated 1/8/14, he had pain at 5-6/10. Per the note dated 12/4/14, patient had positive urine test for opiates and he had worsening of low back pain. The medications list includes vicodin, robaxin and anaprox. He has had right shoulder MRI on 10/22/2011 which revealed calcific tendinosis of supraspinatus tendon and small subchondral cyst/geode in head of humerus; MRI lumbar spine dated 10/24/2011 which revealed multilevel disc protrusion and degenerative changes; EMG/NCS on 10/9/12 and 1/9/2011 which revealed chronic right L5 radiculopathy; EMG/NCS on 2/6/12 which revealed right peroneal nerve neuropathy. He has had 2 L4-5 and L5-S1 transforaminal epidural injections and physical therapy visits for this injury. The treating physician requested authorization for Vicodin 5/300mg #30, Robaxin 750mg #60, and Anaprox DS 550mg #60. On 1/27/15 the requests were non-certified. Regarding Vicodin, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the medical records failed to outline any quantifiable decrements in pain or improvements in function achieved as a result of ongoing Vicodin usage. Regarding Robaxin, the UR physician cited the MTUS guidelines and noted this medication is an option for short term treatment of acute exacerbations of chronic pain. The medical records indicate this medication was being used on a long-term basis. Therefore the request was non-certified. Regarding Anaprox, the UR physician cited the MTUS guidelines and noted the medical records indicated the injured worker

was dependent on opioid agents but suggested a lack of functional improvement despite the ongoing usage of Naproxen. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Page(s): page 76-80.

Decision rationale: Request: Q-1- Vicodin 5/300mg quantity 30 Vicodin contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Vicodin 5/300mg quantity 30 is not established for this patient at this time.

Robaxin 750mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): s 60, 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Page(s): page 63.

Decision rationale: Request: Q-2- Robaxin 750mg quantity 60 Robaxin contains Methocarbamol which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term

treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. The level of the pain with and without medications is not specified in the records provided. The need for robaxin on a daily basis with lack of documented improvement in function is not fully established. Evidence of acute exacerbations or muscle spasm in this patient is not specified in the records provided. Muscle relaxants are not recommended for a long periods of time. Short term or prn use of robaxin in this patient for acute exacerbations would be considered reasonable appropriate and necessary. However the need for 60 tablets of robaxin 750 mg, as submitted, is not deemed medically necessary. The medical necessity of Robaxin 750mg quantity 60 is not established for this patient at this juncture.

Anaprox DS 550mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): s 7, 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic low back pain. He has had multiple diagnostic studies with significant abnormal findings. NSAIDs are considered first line treatment for pain and inflammation. The request for Anaprox DS 550mg quantity 60 is medically appropriate and necessary for this patient for managing his chronic pain.