MAXIMUS Federal Services

Case Number:	CM15-0022789		
Date Assigned:	02/12/2015	Date of Injury:	02/17/2000
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
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 59-year-old female who reported an injury on 02/17/2000, secondary to cumulative trauma. Her past treatments have included a spinal cord stimulator, spinal injections, the use of a walker, lumbar surgery, and medications. Her symptoms include pain in the head, bilateral arms, bilateral legs, neck, bilateral shoulder, bilateral buttocks, thoracic spine, bilateral hips, bilateral knees, and bilateral ankles. She rates her pain 9/10 without medications, and 5/10 with medications. Her medication list includes methocarbamol 750 mg 3 times a day as needed for muscle spasm, hydrocodone/acetaminophen 10/325 mg 1 to 2 tablets every 6 hours as needed for pain, and fentanyl 50 mcg an hour patches every 3 days for chronic pain. Physical examination findings include taut muscle bands at the bilateral lumbar paraspinal muscles and buttocks. It was also noted that she reported significant improvement in function with the use of Norco and methocarbamol, which allow her to complete her housework and improve her weightbearing capacity. Requests were received for methocarbamol 750 mg quantity 90, and hydrocodone/acetaminophen 10/325 mg quantity 240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthocarbamol 750mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: According to the California MTUS Guidelines, nonsedating muscle relaxants are recommended with caution as a second line option for the treatment of chronic pain. The clinical information submitted for review indicates that the injured worker has been utilizing Robaxin/methocarbamol since at least 08/22/2013. As the guidelines do not recommend long-term use of the medication for chronic pain issues, continued use is not supported at this time. In addition, the request as submitted did not include a frequency. Therefore, the request is not medically necessary.

Hydrocodone-acetaminophen 10/325mg quantity 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, Opioids, dosing Page(s): 78, 86.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, adverse side effects, and appropriate medication use. The clinical information submitted for review indicated that the injured worker had been taking hydrocodone/ acetaminophen since at least 03/2014. The documentation indicated that she had significant pain relief, supported by pain scales, with use of this medication. There was also documentation indicating that she had functional improvement with the use of this medication. However, adverse side effects were not addressed within the submitted documentation, and there was a lack of a urine drug screen report to show consistent results and verify appropriate medication use. In addition, the California MTUS Guidelines state that dosing of opioids should not exceed 120 oral morphine equivalence per day. The combined use of hydrocodone and fentanyl for this injured worker results in a daily morphine equivalent dose of 200, which exceeds the maximum of 120 by the guidelines. Furthermore, the request as submitted did not include a frequency. For these reasons, the request is not medically necessary.