

<b>Case Number:</b>	CM15-0028702		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	03/17/1993
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 March 17, 1993. The diagnoses have included chronic low back pain with history of lumbar discectomy and fusion at L5-S1 April 2001. Treatment to date has included lumbar fusion, home exercise program, and medications. Currently, the injured worker complains of chronic low back pain and muscle tightness. The Primary Treating Physician's report dated December 1, 2014, noted limited lumbar spine range of motion (ROM) in both flexion and extension, with palpable tightness noted on the paralumbar muscles. The injured worker was noted to be provided with a Norco prescription with a postdated prescription in the same dosages and quantities in one month. On February 13, 2015, Utilization Review non-certified Norco 10/325mg #50, Norco 10/325 DND until 2/26/15 #50, and Robaxin 750mg as needed (PRN) #30, noting that partial certification was recommended for prospective use of Norco 10/325mg #50 with non-certification of Norco 10/325 DND until 2/26/15 #50, to allow for submission of medication compliance guidelines, with non-certification of the Robaxin for no indication of intent to treat for a short time or any possible end date to treatment. The MTUS Chronic Pain Medical Treatment Guidelines and non-MTUS guidelines were cited. On February 17, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #50, Norco 10/325 DND until 2/26/15 #50, and Robaxin 750mg as needed (PRN) #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic 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 #30 is not medically necessary and appropriate.

**Norco 10/325mg #50, DND until 2/26/15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** 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 of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #50, DND until 2/26/15 is not medically necessary and appropriate.

