

<b>Case Number:</b>	CM15-0216632		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: 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 33 year old, male who sustained a work related injury on 6-14-11. A review of the medical records shows he is being treated for low back pain. In the progress noted dated 7-1-15 and 8-26-15, the injured worker reports continued, severe low back pain with radicular pain in both legs. He has tingling in both feet, left greater than right. He reports that the medications give him "50% relief of his symptoms and he is more functional." On physical exam dated 8-26-15, he has bilateral leg pain. He has positive straight leg raises with both legs. He has left foot plantar fasciitis. Treatments have included chiropractic treatments-unknown number of sessions, physical therapy-unknown number of sessions-not very helpful, lumbar spine surgery, and medications. Current medications include Norco and Robaxin. He is not working. The treatment plan includes requests for refills of medication. The Request for Authorization dated 10-2-15 has requests for Norco and Robaxin. In the Utilization Review dated 10-9-15, the requested treatment of Norco 10-325mg. #180 was modified to Norco 10-325mg. #90. The requested treatment of Robaxin 75mg. #60 was modified to Robaxin 75mg. #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, indicators for addiction.

**Decision rationale:** The long term utilization is not supported by the MTUS guidelines due to the development of habituation, tolerance and hormonal imbalance in men. In addition, continuation of opioids is not supported in this case as there is indication of aberrant behavior. The injured worker is being prescribed Norco (hydrocodone) and urine drug screen dated 9/4/15 noted positive results for hydrocodone, hydromorphone and morphine. While hydromorphone (a metabolite for hydrocodone) would be expected in the findings, the results for morphine are inconsistent. Given the presence of inconsistent urine drug screen, the request for Norco is not supported. The request for Norco 10/325mg #180 is not medically necessary and appropriate.

**Robaxin 75mg #60:** Upheld

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

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

**Decision rationale:** The request for Robaxin (methocarbamol) is not supported. The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MTUS guidelines state that 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 non-steroidal anti-inflammatories (NSAIDs) in pain and overall improvement. The guidelines note that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008) In this case, the injured worker has been prescribed muscle relaxants for an extended period of time, and as noted by the MTUS guidelines, muscle relaxants are not supported for chronic use. The request for Robaxin 75mg #60 is not medically necessary and appropriate.