

Case Number:	CM15-0032444		
Date Assigned:	02/25/2015	Date of Injury:	09/23/2004
Decision Date:	04/10/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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 59 year-old female, with a reported date of injury of 09/23/2004. The diagnoses include displacement of the lumbar disc without myelopathy, and back muscle spasms. Treatments have included intrathecal therapy, oral medications, and a cane. The progress report dated 01/06/2015 indicates that the injured worker complained of low back pain and right sciatica. The injured worker was not pleased with her clinical response to Morphine and wanted to consider a change to a different agent. The physical examination showed tenderness in the paravertebral muscles of the lumbar spine and the left sciatic notch; tenderness to palpation of the iliac crest anteriorly; and decreased lumbosacral spine range of motion. The treating physician requested Robaxin 750mg #90 times three months for the lumbar muscle spasms and Talwin NX #90 times three months as an opioid rotation. On 01/22/2015, Utilization Review (UR) denied the request for Robaxin 750mg #90 times three months and modified the request for Talwin NX #90 times three months. The UR physician noted that Robaxin is recommended for short-term use, prolonged use of this medication can lead to dependence, and skeletal muscle relaxants should not be the first drug class of choice for musculoskeletal conditions; and further documentation of the medical necessity of Talwin was needed to prove effectiveness. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg, #90 for 3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with low back pain and sciatica. The request is for ROBAXIN 750 MG # 90 FOR 3 MONTHS. Physical examination to the lumbar spine on 01/06/15 revealed tenderness to palpation to the paravertebral muscles and the left sciatic notch. Per 01/13/15 Request For Authorization form, patient's diagnosis include displacement lumbar disc without myelopathy, degeneration of lumbar disc, muscle spasms, beck, and anxiety associated with physician condition. Per 12/05/14 progress report, patient's medications include Morphine Intrathecal Pump, Carisoprodol, Hydrocodone, Ibuprofen, Prilosec, Prozac, Stool Softener and Wellbutrin. Patient's work status is not specified. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS page 63-66 under ANTISPASMODICS for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. In progress report dated 01/06/15, treater states that Carisoprodol is ineffective and wants to proceed with rotation to Methocarbamol (Robaxin) to address lumbar muscle spasms. In this case, the patient is suffering from chronic low back pain. Treater does not indicate this medication is to be used for short-term. MTUS guidelines do not supports long term use of this medication. The requested 90 tablets for three months does not imply short-term therapy. Therefore, the request IS NOT medically necessary.

Talwin NX, #90 for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mixed agonists-antagonists Page(s): 75.

Decision rationale: The patient presents with low back pain and sciatica. The request is for TALWIN NX # 90 FOR 3 MONTHS. Physical examination to the lumbar spine on 01/06/15 revealed tenderness to palpation to the paravertebral muscles and the left sciatic notch. Per 01/13/15 Request For Authorization form, patient's diagnosis include displacement lumbar disc without myelopathy, degeneration of lumbar disc, muscle spasms, beck, and anxiety associated with physician condition. Per 12/05/14 progress report, patient's medications include Morphine Intrathecal Pump, Carisoprodol, Hydrocodone, Ibuprofen, Prilosec, Prozac, Stool Softener and Wellbutrin. Patient's work status is not specified. MTUS page 75 has the following: "Mixed agonists-antagonists: another type of opiate analgesics that may be used to treat pain. They

include such drugs as butorphanol (Stadol), dezocine (Dalgan), nalbuphine (Nubain) and pentazocine (Talwin). (Baumann, 2002) Mixed agonists-antagonists have limited use among chronic pain patients because of their ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation". Treater states in 01/06/15 progress report that Hydrocodone APAP is ineffective and wants to proceed with opioid rotation to Talwin. In this case, the patient is suffering from chronic low back pain but the MTUS guidelines do not support Talwin for chronic pain condition. Therefore, the request for Talwin IS NOT medically necessary.