

Case Number:	CM15-0035778		
Date Assigned:	03/04/2015	Date of Injury:	03/10/2008
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/25/2015

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 34-year-old male, who sustained an industrial injury on March 10, 2008. The diagnoses have included lumbar or lumbosacral disc degeneration and chronic pain syndrome. Treatment to date has included home exercise program (HEP), SI belt, chiropractic treatments, TENS, and medication. Currently, the injured worker complains of back pain radiating to the left shoulder and knees. The Treating Physician's report dated January 21, 2015, noted the injured worker admitting to not taking his medications as he is awaiting certification, using medical marijuana. On February 2, 2015, Utilization Review non-certified shower rails x2, Robaxin 750mg QTY: 80 and one refill, Nucynta 100mg QTY: 30, and CBC with differential and comprehensive metabolic panel, noting the medical necessity of the shower rails was not established for the shower rails, Robaxin, and Nucynta, and partial certification of the CBC with differential and comprehensive metabolic panel x 1. The MTUS Chronic Pain Medical Treatment Guidelines and non-MTUS guidelines were cited. On February 25, 2015, the injured worker submitted an application for IMR for review of shower rails x2, Robaxin 750mg QTY: 80 and one refill, Nucynta 100mg QTY: 30, and CBC with differential and comprehensive metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower rails X 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, Exercise Equipment and Durable Medical Equipment.

Decision rationale: The patient presents with back pain with radiation to the left shoulder and knees. Patient's pain is reported as 7/10 without and 3/10 with medication. The request is for SHOWER RAILS X2. The RFA provided is dated 01/21/15. Patient's diagnosis included lumbar or lumbosacral disc degeneration and chronic pain syndrome. Per medical report dated 10/17/14, patient states that tremors in the right leg are becoming more frequent. Upon examination of lumbar spine, guarded range of motion was noted. Tenderness and tight muscle band were noted at paravertebral muscles bilaterally. Spinous process tenderness was noted at L4-5 level. Positive Gillrt's sign was noted along with tenderness over the sacroiliac joint on the left side. The patient is to return to modified duty. ODG does not discuss DME/Exercise equipment for the shoulder. ODG guidelines Knee & Leg Chapter, Exercise Equipment and Durable Medical Equipment, state is "recommended generally if there is a medical need and if it fits the following Medicare definition: Can withstand repeated use; Primarily serves a medical purpose, Generally is not useful to a person in the absence of illness or injury; Is appropriate for use in the patient's home."The request is for shower rails in order to help improve function as the patient has instability and difficulty with shower transfers. In this case, there is no indication that the patient has problems with transfers, ambulation, sitting, getting up. While the patient has chronic pain problems, there does not appear to be any rationale for the requested item. The request IS NOT medically necessary.

Robaxin 750mg, Qty 80 + 1 refill: Upheld

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

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

Decision rationale: The patient presents with back pain radiating to the left shoulder and knees. The request is for ROBAXIN 750MG, QTY 80 + 1 REFILL. The RFA provided is dated 01/21/15. Patient's diagnosis included lumbar or lumbosacral disc degeneration and chronic pain syndrome. The patient is to return to modified duty. MTUS page 63-66 Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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. Per progress report dated 01/21/15, the medication helps to decrease muscle tension. MTUS guidelines recommend non-sedating muscle relaxants for

short-term use. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, the request for quantity 80 with 1 refill does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Nucynta 100mg, Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with back pain radiating to the left shoulder and knees. The request is for NUCYNTA 100MG, QTY 30. The RFA provided is dated 01/21/15. Patient's diagnosis included lumbar or lumbosacral disc degeneration and chronic pain syndrome. The patient is to return to modified duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the "4A's" analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 01/21/15, the patient has efficacy with usage. Pain levels are 3/10 from 5/10 with usage and he can do home chores and is able to work as a medical biller with meds. He cannot tolerate the sitting all day to work without meds. In this case, although pain scales are reported to confirm analgesia, there are no specific discussions regarding adverse reactions, and aberrant drug behavior. No opioid pain agreement or CURES reports were provided for review, MTUS requires appropriate discussion of the "4A's". Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

CBC with differential and comprehensive metabolic panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/cbc/lab/test>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines periodic lab monitoring Page(s): 70.

Decision rationale: The patient presents with back pain radiating to the left shoulder and knees. The request is for CBC WITH DIFFERENTIAL AND COMPREHENSIVE METABOLIC PANEL. The RFA provided is dated 01/21/15. Patient's diagnosis included lumbar or lumbosacral disc degeneration and chronic pain syndrome. The patient is to return to modified duty. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine CBC testing; however, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function test)." MTUS states that monitoring of CBC is recommended when patients takes NSAIDs. It goes on to state, "There has been a

recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but with the interval of repeating lab test after this treatment duration, has not been established." The records show that the patient's current medication includes Robaxin and Nucynta. The rationale behind the request was not provided. Given that the patient has been on an NSAID, monitoring is supported by the guidelines. The request IS medical necessary.