

Case Number:	CM15-0038208		
Date Assigned:	03/06/2015	Date of Injury:	11/10/1998
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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: Arizona, 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 65-year-old male, who sustained an industrial injury on 11/10/1998. The diagnoses have included C3-4 grade 1 spondylolisthesis and adjacent segment disease C3-4 with central and foraminal stenosis. Treatment to date has included medications, work modification and home exercise. He is status post cervical fusion (2004), lumbar fusion (3/2008) and exploration of lumbar fusion and hardware removal (7/2010). Currently, the IW complains of low back pain. He reports difficulty with prolonged activity. He reports that medications do improve his low back pain. On examination, he has difficulty walking, changing position and getting onto the examination table. The motion is restricted and causes painful symptoms. There is guarding and muscle spasm. Lumbar flexion is 40 degrees. On 2/10/2015, Utilization Review modified a request for Robaxin 500mg #30 and Norco 10/325mg #90 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/25/2015, the injured worker submitted an application for IMR for review of Robaxin 500mg #30 and Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

Decision rationale: Muscle relaxants and anti-spasmodics are recommending non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In this case, the length of use of Robaxin was not provided. In addition, the Robaxin provided was for 3 months additional duration. Long term use of Robaxin is not recommended and therefore not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for an unknown length of time. There was no indication of Tylenol failure or pain scores noted. The continued use of Norco is not medically necessary.