

Case Number:	CM15-0051251		
Date Assigned:	03/24/2015	Date of Injury:	01/11/2013
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/18/2015

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 45-year-old female, who sustained an industrial injury on 1/11/2013. She reported a fall off a ladder, falling backwards and landing on her buttocks. The injured worker was diagnosed as having status post global arthrodesis for L5-S1, desiccation L4-5, and retained hardware causing persistent tailbone pain and left buttock pain. Treatment to date has included diagnostics, L5-S1 global arthrodesis on 9/22/2014 and 9/24/2014, physical therapy, and medications. Currently, the injured worker complains of a flare-up of pain in her low back with radiation down her tailbone and left buttock, due to physical therapy. Current medication regime included Norco 10/325 (2 in the morning and 2 in the evening) and Robaxin in the middle afternoon. Physical exam noted a well-healed low back incision, normal motor and sensory exam, standing range of motion 30-45 degrees, knee reflexes 1-2, and ankle reflexes 1. The treatment plan included a deferral of physical therapy for a few weeks and medication refills, and follow-up in 4 weeks. The PR2 report, dated 11/17/2014, noted the use of Norco (4 tablets daily) and Robaxin (5 tablets daily).

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-65.

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

Decision rationale: According to the guidelines, anti-spasmodics are used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity and fatigability. Muscle relaxants are recommended as second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In this case, the claimant did not have the above diagnoses. The claimant had been on Robaxin for over 5 months and long-term use of Robaxin is not recommended. Continued use of Robaxin is not medically necessary.

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids 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 over 6 months. Recent notes did not indicate pain scores. In addition, there was no mention of Tylenol failure. The continued use of Norco is not medically necessary.