

Case Number:	CM15-0051548		
Date Assigned:	03/25/2015	Date of Injury:	11/12/1999
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
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: California
 Certification(s)/Specialty: Emergency Medicine

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 55 year old female who sustained an industrial injury on 11/12/1999. Mechanism is described as a physical altercation during course of duty. Her diagnoses, and/or impressions, include lumbosacral neuritis and radiculopathy; lumbago, cervical - thoracic - lumbar sprain; and sprain of neck. Patient is post lumbar fusion surgery but details were not provided. No current x-rays or magnetic resonance imaging studies are noted. Her treatments have included acupuncture treatments, physical therapy, medication management, and a return to full work duties, without restrictions, on 2/11/2015. The progress notes, of 2/10/2015, show complaints of sharp, radiating upper back pain to the chest, and causing trouble breathing; constant mild neck pain; on/off headache; constant bilateral hip pain; and constant lower back pain with soreness. The pt has a letter of appeal dated 3/18/15 which was reviewed and noted. It states that patient has attempted other conservative modalities and has attempted weaning in the past with no success. Medication helps control pain although noted claims of improvement are mostly subjective in nature. A letter of appeal by provider/progress note dated 3/10/15 provides more information but continues to fail to document necessary components such as basic VAS pain scale anywhere. The requested treatments included Norco and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has for unknown reasons failed to document any objective improvement in pain and function as required by MTUS guidelines. Letter of appeal from patient and provider supports that patient has chronic pain and supports chronic opioid therapy with poor success of weaning. However, the provider has universally failed to correct documentation needed for approval. There is no documentation of any pain relief with continued failure to document even basic VAS score in supplied progress notes or to document objective improvement in pain. Only subjective claims of improvement is noted. There is no documentation of basic assessment for side effect or screening for abuse required by MTUS guidelines. Documentation fails to support this prescription request. Norco is not medically necessary.

Robaxin 750 MG Qty 60: 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): 63-65.

Decision rationale: Robaxin(Methocarbamol) is a muscle relaxant. As per MTUS Chronic pain guidelines, there may be some utility in muscle relaxant use in back pain and a few other muscle related pain diseases. It is only recommended for short term use. The documentation fails to support the use of Robaxin in this patient. There is no documentation of muscles spasms. Patient has been using this medication chronically and there is no signs of tapering this medication. Despite plea from patient and provider, evidence and MTUS chronic pain guidelines do not recommend chronic use of this medication due to risk of side effects. Chronic use of Robaxin is not recommended and not medically necessary.