

Case Number:	CM15-0056627		
Date Assigned:	04/16/2015	Date of Injury:	09/17/1998
Decision Date:	05/15/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/25/2015

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: 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 52-year-old male, who sustained an industrial injury on 9/17/98. The injured worker was diagnosed as having post lumbar laminectomy syndrome and spinal/lumbar degenerative disc disease. Treatment to date has included oral medications including opioids, spinal cord stimulator, physical therapy and home exercise program. Currently, the injured worker complains of low back pain, (pain level increased since previous visit) with radiation to right buttocks and right leg. The injured worker rates his pain as 7/10 and without medications 8/10. The injured worker states his pain is well managed with oral medications and spinal cord stimulator. Physical exam noted tenderness, hypertonicity and spasm of paravertebral muscles of thoracic spine on left; tenderness was also noted of lumbar paravertebral muscles bilaterally with spinous process tenderness and positive facet loading. The treatment plan included continuation of oral medications including Norco, Naproxen and Robaxin and continuation of home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1/2-1tab by mouth every 6 hours, #50: 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 Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg 1/2-1tab by mouth every 6 hours, #50, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain, (pain level increased since previous visit) with radiation to right buttocks and right leg. The treating physician has documented tenderness, hypertonicity and spasm of paravertebral muscles of thoracic spine on left; tenderness was also noted of lumbar paravertebral muscles bilaterally with spinous process tenderness and positive facet loading. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg 1/2-1tab by mouth every 6 hours, #50 is not medically necessary.

Naproxen 500 1 tab, two (2) times per day, as needed #60: 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 Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Naproxen 500 1 tab, two (2) times per day, as needed #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note, "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has low back pain, (pain level increased since previous visit) with radiation to right buttocks and right leg. The treating physician has documented tenderness, hypertonicity and spasm of paravertebral muscles of thoracic spine on left; tenderness was also noted of lumbar paravertebral muscles bilaterally with spinous process tenderness and positive facet loading. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 500 1 tab, two (2) times per day, as needed #60 is not medically necessary.

Robaxin 500mg, 1 tab, three (3) times per day as needed, #45: 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 Muscle Relaxants, Page63-66 Page(s): 63-66.

Decision rationale: The requested Robaxin 500mg, 1 tab, three (3) times per day as needed, #45, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain, (pain level increased since previous visit) with radiation to right buttocks and right leg. The treating physician has documented tenderness, hypertonicity and spasm of paravertebral muscles of thoracic spine on left; tenderness was also noted of lumbar paravertebral muscles bilaterally with spinous process tenderness and positive facet loading. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Robaxin 500mg, 1 tab, three (3) times per day as needed, #45 is not medically necessary.