

Case Number:	CM15-0058354		
Date Assigned:	04/03/2015	Date of Injury:	09/02/2012
Decision Date:	05/07/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/26/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 was a 47-year-old male who sustained an industrial injury on 9/2/12. Injury occurred when he was mopping the floor and lifted a bucket of water to dump it. He felt a popping sensation in his low back with severe pain. He subsequently reported gradual onset of numbness and tingling in both hands. The 9/27/13 lumbosacral spine MRI impression documented loss of intervertebral disc height and disc desiccation changes were seen at the L2/3 and L5/S1 levels with straightening of the normal lumbar spine lordosis. At L5/S1, there was annular concentric and broad-based 3 mm disc protrusion that flattened and abutted the anterior thecal sac with mild spinal and neuroforaminal stenosis. The 11/13/13 electrodiagnostic report documented evidence of moderate right carpal tunnel syndrome. Conservative treatment included carpal tunnel and deQuervain's tenosynovitis injections. The 2/17/15 progress report cited continued wrist pain with numbness and tingling. There was tenderness over the flexor tendon and first dorsal compartment with positive carpal tunnel provocative testing. The treatment plan recommended refill of medications, carpal tunnel release and deQuervain's release. The 2/26/15 utilization review certified a request for right carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis and right deQuervain's release with possible tenosynovectomy/tenolysis with post-op physical therapy, cold therapy unit, pre-operative medical clearance, Motrin 800 mg #90, and Prevacid 30 mg #30. The requests for Vicoprofen 7.5 mg/200 mg #30 and Robaxin 750 mg #120 were non-certified. The rationale for non-certification of Vicoprofen indicated that this medication is not first-line and there was no reason presented to support this compound medication when Motrin was also requested and had

been certified. The rationale for non-certification of Robaxin cited no documentation of muscle spasms or exacerbation of low back pain to support the use of this medication. Records documented that Vicoprofen had been prescribed since at least 8/22/14, but the quantity prescribed was noted as #10. Records documented that Robaxin was initially prescribed for low back pain and spasms on 3/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 92.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Vicoprofen for short term use only, generally less than 10 days. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The Official Disability Guidelines Drug Formulary does not support the use of Vicoprofen as a first line medication. There is no compelling reason to support the medical necessity of this medication. Ibuprofen has been prescribed separately as an anti-inflammatant. Guidelines would support a short course of post-op opioids and there is no documentation why the first line medication Vicodin would not be indicated. Therefore, this request is not medically necessary.

Robaxin 750mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The California MTUS recommends the use of non-sedating muscle relaxants, such as Robaxin, with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. In most lower back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Guideline criteria have not been met. There is no current documentation of an acute exacerbation of low back pain or muscle spasms to support the use of this medication. Records suggest long-term use of Robaxin without detailed evidence of functional improvement. Therefore, this request is not medically necessary.