

Case Number:	CM15-0060507		
Date Assigned:	04/06/2015	Date of Injury:	07/04/2010
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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: New Jersey, New York

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:

This 42 year old male sustained an industrial injury to the low back on 7/4/10. Previous treatment included magnetic resonance imaging, lumbar spine microdiscectomy, lumbar fusion, physical therapy, electromyography and medications. In a PR-2 dated 3/11/15, the injured worker complained of continuing low back pain with radiation to lower extremities associated with numbness. Physical exam was remarkable for limited range of motion to the lumbar spine with pain. Current diagnoses included anxiety disorder, left L5 nerve root impingement, depression, rupture L4-5 disc, s/s lumbar discectomy and fusion, sleep disruption and status post microdiscectomy. The physician noted that the injured worker had side effects from medications and reported that pain control was not adequate. The injured worker also reported wanting to reduce medications eventually. The treatment plan included a pain management consultation and medications (Norco, Methocarbamol, Oxycontin and Lidoderm patch).

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOCARBAMOL 500 TWICE A DAY #60 NO REFILLS: Upheld

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

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

Decision rationale: According to MTUS guidelines, muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is also no benefit to the combination of muscle relaxants and NSAIDs. Efficacy wanes over time and chronic use may result in dependence. Muscle relaxants should be used for exacerbations but not for chronic use. Methocarbamol has limited published evidence on its clinical effectiveness. Long-term use is not recommended. Therefore, the request is considered medically unnecessary.

OXYCONTIN 30MG TWICE A DAY #60 NO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Oxycontin is not medically necessary. The patient has been on opiates for extended amount of time without objective documentation of the improvement in pain and function. There is no documentation of the four As of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.

NORCO 10/325MG ONE TABLET 4-6 HOURS AS NEEDED #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for an extended amount of time without objective documentation of the improvement in pain and function. There is no documentation of the four As of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.