

Case Number:	CM15-0085360		
Date Assigned:	05/07/2015	Date of Injury:	09/22/2000
Decision Date:	06/12/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of September 22, 2000. In a Utilization Review report dated April 24, 2015, the claims administrator partially approved a request for Norco while denying a request for Robaxin outright. A RFA form dated April 15, 2015 and associated progress note of April 7, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On December 1, 2014, the applicant reported ongoing complaints of low back, neck, and shoulder pain, 7/10, despite ongoing medications. The applicant's medications included Zestril, Soma, Motrin, and Norco, the latter of which the applicant was using at a rate of six times a day. Motrin and Norco were renewed. The applicant was deemed permanent and disabled, the treating provider acknowledged. The attending provider stated that ongoing medication consumption was proving beneficial but did not elaborate further. Urine drug testing of February 12, 2015 was positive for marijuana. On February 9, 2015, the applicant reported heightened complaints of constant back and shoulder pain. 6/10 pain was reported. The applicant's medications reportedly included Wellbutrin, Norco, Motrin, and Soma, it was acknowledged. On April 7, 2015, the applicant was given prescriptions for Norco and Robaxin. The attending provider did state that Robaxin was being employed in place of previously prescribed Soma. Once again, the applicant was deemed permanently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on multiple progress notes of late 2014 and early 2015, referenced above. The applicant had been deemed permanently disabled, the treating provider acknowledged, despite ongoing Norco usage. The applicant's pain complaints were consistently described as severe at various points in time. 8/10 pain was reported on April 7, 2015. The applicant was having difficulty performing household chores on that date, it was reported. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

1 prescription for Robaxin 750mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: Similarly, the request for Robaxin, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend muscle relaxants such as Robaxin with caution as a second-line options for short-term treatment of acute exacerbations of chronic low back pain, here, however, the 180-tablet supply of Robaxin at issue represents chronic, long-term, and what appeared to be six times daily usage. Such usage, however, represents treatment in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.