

<b>Case Number:</b>	CM15-0086204		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 56-year-old who has filed a claim for chronic low back, neck, shoulder, and knee pain reportedly associated with an industrial injury of December 20, 2011. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve requests for Norco and Robaxin apparently prescribed and/or dispensed on or around April 7, 2015. The applicant's attorney subsequently appealed. On August 12, 2014, the applicant reported ongoing complaints of low back and neck pain. The applicant was using a cane to move about. The applicant exhibited markedly limited range of motion and difficulty transferring. 9/10 pain without medications versus 5/10 with medications was reported. The applicant was using Norco, Biofreeze gel, Robaxin, and baclofen, it was reported. Multiple medications were renewed. The applicant's work status was not clearly stated, although the applicant did not appear to be working. In a Medical-legal Evaluation dated December 2, 2014, it was suggested that the applicant not working. The claims administrator's medical evidence log suggested that the December 2, 2014 Medical-legal Evaluation in fact represented the most recent note on file; the April 7, 2015 progress note made available to the claims administrator, thus, had not seemingly been incorporated into the IMR packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management.

**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 suggested on a Medical-legal Evaluation of December 2, 2014. A progress note of August 12, 2014 suggested that the applicant was having difficulty performing activities of daily living as basic as standing, walking, and transferring, it was reported. While the attending provider did recount some reduction in pain scores reportedly effected as a result of ongoing opioid usage, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result ongoing opioid usage. While it is acknowledged that he April 7, 2015 progress note made available to the claims administrator was not seemingly incorporated into the IMR packet, the historical notes on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

**Retrospective request for Robaxin 750mg #60, provided on date of service: 04/07/15: 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 acknowledge that muscle relaxants such as Robaxin are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, here, however, the 60-tablet supply of Robaxin at issue implies chronic, long-term, and twice daily usage of the same, i.e., usage which runs counter to the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. While it is acknowledged that the April 7, 2015 progress note in which the article in question was proposed was not incorporated into the IMR packet, the historical notes on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.