

<b>Case Number:</b>	CM15-0086342		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/29/2015
<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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 60 year old female, who sustained an industrial injury on 11/5/2013. The current diagnoses are low back pain, right leg pain, right-sided lumbosacral radiculopathy, and facet arthropathy on the right. According to the progress report dated 2/3/2015, the injured worker complains of low back and right leg pain. The level of pain previously rated at 6-8/10 on a 0 to 10 scale. The physical examination of the lumbar spine reveals paraspinal muscle spasms with tender areas over the right lower lumbosacral facet joints and the SI joint. The current medications are Relafen, Robaxin, and Tylenol with Codeine. Treatment to date has included medications management, MRI studies, acupuncture and physical therapy. The plan of care includes prescriptions for APAP/Codeine and Methocarbamol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP/Codeine 300/30mg Qty: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance dependency, sedation, addiction and adverse interaction with other sedatives. There is no documentation of guidelines required compliance monitoring of UDS, absence of aberrant behavior or functional restoration. The criteria for the use of Tylenol with Codeine 300/30mg #60 was not medically necessary.

**Methocarbamol 500mg Qty: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of severe musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative agents. The records show that the patient had utilized muscle relaxants longer than the guidelines recommended maximum period of 4 to 6 weeks. There is no documentation of failure of treatment with non opioid co-analgesics and anticonvulsant medications. The criteria for the use of methocarbamol 500mg #30 was not medically necessary.