

Case Number:	CM15-0087510		
Date Assigned:	05/11/2015	Date of Injury:	10/25/2010
Decision Date:	06/16/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 48 year old male, who sustained an industrial injury on October 25, 2010 while working at a construction company. The injured worker has been treated for low back complaints. The diagnoses have included lumbar disc bulge, right sciatica, chronic low back pain and right knee pain. Treatment to date has included medications, radiological studies, physical therapy, epidural steroid injections, failed back surgery and several lumbar spine surgeries. Current documentation dated March 18, 2015 notes that the injured worker reported ongoing burning and tingling in the low back with radiation to the bilateral lower extremities. Associated symptoms include right lateral thigh numbness and occasional burning. Objective findings included tenderness of the lumbar spine that was worse with range of motion. The injured worker also had paraspinal spasms, dysesthesias into the lateral thigh and some tenderness in the right groin. A new MRI revealed early desiccation at lumbar three-lumbar four level as well as a broad-based disc bulge causing mild to moderate foraminal stenosis bilaterally. The treating physician's plan of care included a request for the medications Norco 10/325 mg #120 and Methocarbamol 500 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's subjective pain and a urine drug screen on 1/26/2015 showed consistent use of medication. However, there is no clear indication that Norco is providing any functional improvement, no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Methocarbamol 500mg #120: 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 Page(s): 63-66.

Decision rationale: Regarding the request for methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the methocarbamol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested methocarbamol (Robaxin) is not medically necessary.