MAXIMUS Federal Services

Case Number:	CM14-0115773		
Date Assigned:	08/04/2014	Date of Injury:	07/22/2003
Decision Date:	09/26/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 172 pages provided for this review. The application for independent medical review was signed on July 23, 2014. It was for the medicines Norco, gabapentin, venlafaxine, and Robaxin. Per the records provided, the claimant was described as a 64-year-old male injured on August 27, 2014. There was a brachial neuritis, neck sprain and cervical disc degeneration. As of June 18, 2014 he had chronic neck pain and was seen in reevaluation. The pain was constant, throbbing and aching in nature and worse with overhead reaching and lifting. There was decreased cervical motion. The medicines reportedly allow the claimant to perform activities of daily living. Robaxin helps the claimant manage his muscle spasms. He will continue with a home exercise program. The diagnoses were cervical radiculopathy, cervical degenerative disc disease and chronic pain syndrome. The previous reviewer noticed that several components of the MTUS opiates support guidelines were not provided, and there was not objective evidence of functional benefit from the opiates. There is not a diagnosis for which the chronic opiates are recommended. The gabapentin was certified because there was a neuropathic pain component. The venlafaxine was also felt to be medically necessary. The Robaxin however was not medically necessary. The medicine is being used chronically. The MTOS does not support chronic use of muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.

Robaxin 750mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: Methocarbamol (Robaxin, Relaxin, generic available): The mechanism of action isunknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the FDA in 1957.The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004). In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request was appropriately non-certified under MTUS criteria.