

Case Number:	CM14-0116426		
Date Assigned:	08/04/2014	Date of Injury:	08/16/1997
Decision Date:	10/21/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/24/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 54 year old male who sustained an injury on 08/16/1997 when he lost his balance and fell to the floor from a ladder. The injured worker has a long history of medication use to include narcotics. The injured worker was also followed for concurrent depression and anxiety. The injured worker's urine drug screen results were noted to be positive for Kadian but negative for Ambien and Vicodin. As of 06/17/14 the injured worker reported persistent low back pain that was constant and the pain averaged between 6-7/10. With medications, the injured worker did have improved tolerance in standing and sitting as well as walking. The medications included Robaxin, Oxycodone, Ambien, Avinza, and Senokot. The injured worker's physical exam noted no side effects from medications. There was ongoing spasms and tenderness to palpation in the lumbar region with pain on lumbar extension. Prior utilization review denied requests for Robaxin 500mg #60 with 1 refill, Oxycodone 10mg #168 and Ambien 10mg #30 on 07/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #60 with 1 refill: 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): 63-67.

Decision rationale: In regards to the use of Robaxin 500mg quantity 60, the request is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended the ongoing use of this medication.

Oxycodone 10mg #168: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: In regards to the use of Oxycodone 10mg quantity 168, the request is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Oxycodone can be considered an option in the treatment of severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guidelines recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications result in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Oxycodone. The clinical documentation also did include compliance measures which noted some inconsistent findings with prescribed narcotic medications. Furthermore, as of 06/17/14 the injured worker's minimal effective dose (MED) was well above the maximum recommended for narcotics at 100mg MED per day. As there is insufficient evidence to support the ongoing use of Oxycodone, this reviewer would not have recommended this request as medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter - Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zolpidem

Decision rationale: In regards to the use of Ambien 10mg quantity 30, the request is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The use of Ambien to address insomnia is recommended for short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the FDA has recommended that dosing of Ambien be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Ambien has been effective in improving the injured worker's overall functional condition. As such, this reviewer would not recommend this request as medically necessary.