

Case Number:	CM14-0123003		
Date Assigned:	09/25/2014	Date of Injury:	04/13/2005
Decision Date:	11/19/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/04/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; and transfer of care to and from various providers in various specialties. The applicant's case was apparently complicated by development of comorbid colon cancer. In a Utilization Review Report dated July 22, 2014, the claims administrator failed to approve a request for Robaxin and Percocet. The applicant's attorney subsequently appealed. In a December 27, 2013 progress note, the applicant reported ongoing complaints of low back pain. The applicant was apparently receiving chemotherapy for colon cancer. The applicant was apparently using MS Contin, Norco, and Flexeril for pain relief. The applicant was no longer using Gabapentin; it was stated on this occasion. On April 9, 2014, it was stated that the applicant's low back pain was managed with MS Contin and Hydrocodone. It was stated that the applicant was stable. The applicant's work status was not provided. It was stated that the applicant was considering surgery for diverticulitis. On May 9, 2014, it was stated that the applicant was considering a multilevel lumbar fusion surgery. The applicant went on to undergo multilevel laminectomy, foraminotomy, and fusion procedure at L2-L3, L3-L4, L4-L5, and L5-S1 on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol/Robaxin; Muscle Relaxants Page(s): 65, 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, the applicant underwent a major, multilevel lumbar spine surgery on June 12, 2014, i.e., some five weeks prior to the date of the Utilization Review report, July 22, 2014. The applicant could reasonably or plausibly have been expected to have some flares and/or exacerbations of pain following the multilevel spine surgery. Page 65 of the MTUS Chronic Pain Medical Treatment Guidelines does support 750 mg four-time daily dosing of Robaxin, the article at issue, admittedly on a short-time basis. Therefore, the request was medically necessary.

Percocet 10/325 mg Qty 100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-Acting Opioids Page(s): 75.

Decision rationale: As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Percocet are often used for intermediate or breakthrough pain. In this case, the request in question seemingly represented a request for postoperative/perioperative usage of Percocet. The applicant could reasonably or plausibly be expected to have had breakthrough pain following the major multilevel lumbar spine surgery which transpired some five weeks prior of the date of the Utilization Review Report. Usage of Percocet was appropriate on and around the date in question. Therefore, the request was medically necessary.