

Case Number:	CM14-0139342		
Date Assigned:	09/05/2014	Date of Injury:	11/14/2004
Decision Date:	10/10/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation 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 65-year-old male who reported an injury on 11/14/2014. The injured worker reportedly sustained injuries to her lower back after handling a 5 gallon bucket. The injured worker's treatment history included medications, MRI studies, physical therapy sessions, and lumbar surgery. The injured worker was evaluated on 06/14/2014 and it was documented that the injured worker complained of acute extremity pain. Her pain level was rated at 9/10. Physical examination revealed S1, S2 without murmur, rub, or gallop. The musculoskeletal system revealed the right upper extremity, right lower extremity, left upper extremity, left lower extremity, cervical thoracic, and lumbar spine, head, neck, rib cage, back, and pelvis, nails and digits range of motion was 80% decreased. Range of motion of the cervical spine and lumbar spine was positive for pain, and gait was normal. There was severe hyperkyphotic. The cervical, thoracic, and lumbar spine was positive for diffuse pain. Palpation of the injured spine extremities revealed the following areas of positive pain, thoracic kyphotic. It was documented that the injured worker's current medications included Percocet taper completely, Norco taper to 290, and Morphine to 118 per month. Diagnoses included cervicalgia, lumbalgia, and thoracalgia. The Request for Authorization dated 06/14/2014 was for Norco 10/325 mg, Robaxin 750 mg, Valium 10 mg, and Morphine ER 30 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #290: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #290 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to indicate pain relief using VAS scale measurement before and after Norco taking by the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request submitted for review failed to include frequency and duration of medication. Given the above, the request for Norco 10/325 mg #290 is not medically necessary.

Robaxin 750 mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for Pain). Decision based on Non-MTUS Citation Official Disability Guidelines (web) (<<http://www.odg-twc.com/odgtwc/pain.htm>>)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant & Robaxin Page(s): 63, 65.

Decision rationale: The requested service is not medically necessary. According to California (MTUS) Chronic Pain Medical Guideline, it recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. The guideline also state Robaxin The mechanism of action is unknown, 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 documentation submitted lacked evidence of outcome measurements of conservative care such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on his long term-goals of functional improvement of his home exercise regimen. In addition, the request lacked frequency, and duration of the medication. As, such, the request for Robaxin 750 mg #80 is not medically necessary.

Valium 10 mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (web) (<<http://www.odg-twc.com/odgtwc/pain.htm>>) on Benzodiazepines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Valium 10 mg #80 is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines for long-term use because long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted could determine duration of use for the prescribed Valium. Additionally, the request lacked frequency and duration of medication. As such, the request for Valium 10 mg # 80 is not medically necessary.