

<b>Case Number:</b>	CM14-0148809		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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:

Patient is a 29 year old male with a 06/14/13 date of injury.06/10/14 Progress report: Subjective: He has had flaring up of his lower back pain. Objective findings: Anteflexion of the trunk on the pelvis allows for 50 degrees of flexion. Extension is 5 degrees. Rotation to the left is 20 degrees; to the right is 20 degrees. Lateral flexion to the left is 5 degrees; to the right is 10 degrees. There is lower thoracic and lumbar tenderness and spasm. No sacroiliac or trochanteric tenderness.Diagnoses: 1. Chronic lumbar back pain With CT evidence of L4-5 and L5-S1 disc bulging with mild bilateral foraminal stenosis on the CT scan of July 11, 2013.2. Chronic right lower extremity greater than left lower extremity radicular symptoms.3. Chronic right lower extremity radicular findings of a positive straight leg raise test at 30 degrees.Non-industrial conditions include: 1. Chronic left knee pain, status post removal of part of his left patella. 2. Chronic right wrist sprain.3. Chronic facial pain.4. Medical marijuana provided by [REDACTED]. Treatment plan: refill of Norco 5/325 mg 1 tab q6h, #120; continue Celebrex 100 mg b.i.d.(twice a day); Baclofen 10 mg po qid prn ( orally 4 times a day as needed) muscle spasm #120 with 3 refills.Request is for: 1. Norco 5/325 mg, QTY: 120; 2. Robaxin 500 mg, QTY: 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**Decision rationale:** The records provided do not reflect continued analgesia from opioid therapy in terms of documented reduction in VAS pain levels, no improvement in range of motion. Records indicate that 07/11/13 UDS was positive for Norco, Valium as well as THC (tetrahydrocannabinol). There is no discussion about the presence of an illicit substance in the patient. Guidelines do not support a long term opioid intake. The guideline requirements are not met and therefore, the request for Norco 5/325 mg, #120 is not medically necessary and appropriate.

**Robaxin 500 mg,#120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 64-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

**Decision rationale:** The records do not discuss this prescription or provide rationale for Robaxin. Patient is using marijuana, has been taking opioids long-term. This medication is also sedative, as it is a CNS depressant. Therefore, the request of Robaxin 500 mg, #120 is not medically necessary and appropriate.