

Case Number:	CM14-0149587		
Date Assigned:	09/18/2014	Date of Injury:	01/28/1999
Decision Date:	10/17/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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 Preventive 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:

According to the records made available for review, this is a 65-year-old male with a 1/28/99 date of injury. At the time (8/4/14) of the request for authorization for Oxycodone 10mg #120 and Robaxin 750mg #90, there is documentation of subjective (pain on left side from shoulder down into left leg including knee) and objective (lumbar spine range of motion is decreased, Patrick and Reverse Thomas tests are positive on the right, tenderness to palpation over the lumbar facet joints) findings, current diagnoses (subacromial bursitis, cervical spondylosis without myelopathy, osteoarthritis of knee, and lumbar spondylosis without myelopathy), and treatment to date (medication including ongoing use of opioids and muscle relaxants). Medical reports identify that a pain contract has been signed. Regarding Oxycodone 10mg #120, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Oxycodone use to date. Regarding Robaxin 750mg #90, there is no documentation of acute muscle spasm; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Robaxin use to date; and the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of subacromial bursitis, cervical spondylosis without myelopathy, osteoarthritis of knee, and lumbar spondylosis without myelopathy. In addition, given documentation that a pain contract has been signed, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. However, given documentation of ongoing treatment with opioids, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Oxycodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 10mg #120 is not medically necessary.

Robaxin 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of subacromial bursitis, cervical spondylosis without myelopathy, osteoarthritis of knee, and lumbar spondylosis without myelopathy. However, there is no documentation of acute muscle spasm. In addition, given documentation of ongoing treatment with muscle relaxants, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity

tolerance; and/or a reduction in the use of medications with Robaxin use to date. Furthermore, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Robaxin 750 mg #90 is not medically necessary.