

Case Number:	CM14-0181230		
Date Assigned:	11/05/2014	Date of Injury:	05/24/2003
Decision Date:	12/15/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/30/2014

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 May 24, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and opioid agents. In a Utilization Review Report dated October 27, 2014, the claims administrator failed to approve a request for Robaxin and Tylenol No. 3. The applicant's attorney subsequently appealed. In an April 28, 2014 progress note, the applicant reported ongoing complaints of low back and left shoulder pain, 7/10. It was stated that the applicant was working. The applicant was using Tylenol with Codeine and Robaxin, it was acknowledged. Additional manipulative therapy was sought. Work restrictions were endorsed. The applicant was given a restriction of "cannot work or be around juvenile" delinquents at any time. The attending provider had not explicitly discussed whether the medications in question were helpful. In a June 9, 2014 progress note, the applicant reported ongoing complaints of neck and back pain. It was stated that the applicant was continuing to work within the parameters of previously stated limitations. Tylenol No. 3, Robaxin, and Colace were endorsed. The applicant stated that he was using Tylenol No. 3 only sparingly for pain relief, during acute flares of pain. On July 21, 2014, the applicant was again returned to modified duty work. The attending provider again suggested that the applicant was working. 4/10 pain was noted on this occasion. The applicant was asked to continue home exercises. Manipulative therapy was endorsed. The applicant was using Tylenol No. 3 and Robaxin for pain relief, it was suggested. On October 30, 2014, the applicant again stated that he was working with limitations in place while Tylenol No. 3 and Robaxin were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #120 with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic Page(s): 63.

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Robaxin are recommended as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 120-tablet supply of Robaxin proposed, with two refills, implies chronic, long-term, and/or daily usage of the same. Such usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Tylenol #3 #120 with two (2) refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider's progress notes, while at times incomplete, do outline the applicant's successful return to modified duty work and apparent performance of activities of daily living which include daily home exercises. Continuing Tylenol No. 3 does appear to be indicated, given the applicant's seemingly favorable response to the same. Therefore, the request is medically necessary.