

<b>Case Number:</b>	CM14-0094416		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/12/2001
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Physically medicine and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 59-year-old male with date of injury of 03/12/2001. The listed diagnoses per [REDACTED] dated 06/02/2014 are 1. Failed lumbar spinal surgery syndrome. 2. Lower extremity radiculitis. 3. Severe neuropathic pain, lower extremity, and lumbar spine. 4. Situational depression. According to this report, the patient's functionality without medication is 0. The patient has been stable on his medication regimen since 2013 with no compliance issues or changes. The patient's pain level is approximately 3/10 to 4/10 and well controlled with no severe flares of pain. Without his medications, his pain level is between 9/10 to 10/10. The physical exam shows slightly decreased range of motion to flexion and extension in the lumbar spine. There is mild to moderate tenderness down the posterior columns into the trapezius. Mild myofasciitis was noted in the trapezius, shoulders, and scapula. Upper extremity exam shows no pain with manipulation of the shoulders. There is decreased range of motion secondary to pain in the lumbar spine. There is moderate to severe tenderness diffusely from the high lumbar area down to the sacrum. There was mild sacroiliitis over the SI joints, right greater than left. The utilization review denied the request on 06/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Tablets of Methocarbamol 750mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** This patient presents with low back pain and lower extremity pain. The treating physician is requesting Methocarbamol 750 mg quantity #90. The MTUS Guidelines page 65 to 66 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. 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 records show that the patient has been taking Robaxin since 12/12/2013. In this case, muscle relaxants are recommended for short-term use only therefore, this request is not medically necessary.

**60 Tablets of Morphine Sulfate Extended Release 15mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Criteria for Use of Opioids, On-Going Management, When to Discontinue Opioids, When to Continue Opioids Opioid dosing Calculator.

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

**Decision rationale:** This patient presents with low back and lower extremity pain. The treating physician is requesting Morphine sulfate extended-release 15 mg, quantity #60. For chronic opiate use, the MTUS Guidelines require specific documentations regarding pain and function. Page 78 of the MTUS requires "pain assessment" that requires "current pain; least reported pain over the periods since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; how long pain relief last." Furthermore, "the 4As for ongoing monitoring" are required, which includes: Analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The records show that the patient has been taking MS Contin since 12/12/2013. The progress report dated 06/02/2014 notes that the patient is stable with his current medication regimen with no compliance issues or changes. The patient's pain level is 3/10 to 4/10 with medication and 9/10 to 10/10 without medications. The UDS report dated 04/23/2014 shows consistent results with current prescribed medications. In addition, the patient's functionality without medication is 0. However, there is no explanation as to what functionality of "0" means. There are no specifics regarding ADL has or return to work to understand whether "significant" improvement in function has been achieved. Providing general statements are inadequate documentation but the treating physician does provide discussions for each of the heading for the four A's. The patient does present with significant lumbar pathology with prior surgery, and the patient is taking low dose opiate therefore, this request is medically necessary.

