MAXIMUS Federal Services

Case Number:	CM14-0119475		
Date Assigned:	08/06/2014	Date of Injury:	03/09/2005
Decision Date:	05/01/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

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 54 year old male who sustained an industrial injury to his lower back after a motor vehicle accident on 3/9/2005. His diagnoses, and/or impressions, include lumbar spine post-lumbar laminectomy syndrome; status-post morphine pump implant; neuropathy; permanent and stationary (treating under future medical); and depression. No recent magnetic resonance imaging studies are noted. His treatments have included intrathecal pump replacement (12/10/12); lumbar epidural steroid injection (3/13/14) with 50-60% improvement; and oral medication management. The physician progress notes of 5/30/2014 reported increased pain, left > right, lancinating pain with difficulty walking and sleeping; increased pain with burning into his feet; and decreased right leg sensation. Also noted is that the injured worker ambulates with an antalgic gait and with a prosthetic left leg, secondary to below-the-knee amputation. The physician's requests for treatment included Robaxin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #120: Upheld

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

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

Decision rationale: MTUS 2009 states that muscle relaxants are second line option for short term use to treat exacerbations of chronic low back pain. The medical records do not describe any meaningful functional improvement attributable to the use of Robaxin. MTUS 2009 further states that the mechanism of action of Robaxin is unknown but is central nervous system depressant. The ongoing sustained use of Robaxin does not adhere to MTUS 2009 and is not medically necessary.

Norco 10/325mg #101: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no objective functional improvement. MTUS 2009 states that the goals for chronic non-malignant pain and chronic cancer pain are different. Treatment for cancer pain is palliative whereas reduction of pain should result in functional improvement if pain is the barrier to function. The medical records do not describe any meaningful functional improvement as a result of opioids reducing pain. This request for an additional #101 double strength Norco beyond that was approved is not medically necessary and denied.