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| Case Number: | CM14-0199819 | | |
| Date Assigned: | 12/10/2014 | Date of Injury: | 09/13/2005 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 10/31/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 Internal 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 injured worker is a 59-year-old the date of injury September 13, 2005. The mechanism of injury occurred when the injured worker slipped and fell to his left side landing on a pallet/tarp combination and injuring his neck. The current working diagnoses are cervical discogenic disease, status post-surgery; and low back pain. Pursuant to the progress note dated September 24, 2014, the injured worker is stable on his medications and is not seeking any other therapy at this time. He complains of neck pain that is rates 4/10. He has numbness in his fingers and forearm that he rates 2 to 3 out of 10. Examination of the neck reveals very poor range of motion. He cannot extend his neck at all. He can flex his neck about 20 degrees. Left to right rotation is very good. He has mild trapezius muscle spasms. Current medications include Celebrex 100mg, Nexium 40mg, Methocarbamol (Robaxin) 750mg, Lunesta 2mg, and Cyclobenzaprine 10mg, OxyContin and Opana. The documentation indicates the injured worker has been on Norco, Robaxin, and Cyclobenzaprine since December of 2013. It is unclear, however, what the exact start dates are for the aforementioned medications. The injured worker has been on Norco with regular refills through the present time. The documentation indicates the injured worker is taking OxyContin and Opana (two additional narcotics) in addition to the Norco. There is no documentation or clinical rationale in the medical record explaining why three opiates are required to control pain. The documentation does not contain evidence of objective functional improvement regarding narcotic use, specifically Norco. The documentation shows evidence of inconsistent urine drug testing. The utilization review indicates the provider has attempted tapering of this medication. The current request is for Norco 10/325mg #180, Robaxin 750mg #90, and Cyclobenzaprine 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A pain assessment should accompany ongoing chronic narcotic use. The lowest possible dose should be prescribed to improve pain and function. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. In this case, the injured worker is a 59-year-old the date of injury September 13, 2005. The injured worker's working diagnoses are cervical discogenic disease, status post-surgery; and low back pain. The documentation indicates the injured worker has been on Norco since December 2013. This appears in a progress note with the same date. It is unclear, however, what the exact start date was for Norco. This note may have been a progress note or a start date. The worker has been on Norco with regular refills through the present time. The documentation indicates the injured worker is taking OxyContin and Opana (two additional narcotics) in addition to the Norco. There is no documentation or clinical rationale in the medical record explaining why three opiates are required to control pain. The documentation does not contain evidence of objective functional improvement regarding narcotic use, specifically Norco. Moreover, the documentation shows evidence of inconsistent urine drug testing. The utilization review indicates the provider has attempted tapering of this medication. Consequently, absent the appropriate clinical indication with compelling evidence to support the ongoing use of Norco (and the other opiates), evidence of objective functional improvement and inconsistent urine drug screens, Norco 10/325 mg #180 is not medically necessary.

Robaxin 750mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Pain Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Robaxin 750 mg #90 is not medically necessary. 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. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker has been taking Robaxin as far back as December 2013. It is unclear whether this is a refill for a new prescription. Additionally, the injured worker was taking cyclobenzaprine, also muscle relaxant, concurrently. Robaxin has been provided on a regular basis to the injured worker. Muscle relaxants are recommended short-term (less than two weeks) for treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back. The treating physician has clearly exceeded the recommended guidelines pursuant to the Official Disability Guidelines. Moreover, there is no clinical rationale for the use of two muscle relaxants prescribed concurrently. The worker has had inconsistent urine drug testing. The documentation does not contain evidence of objective functional improvement. Consequently, absent the appropriate clinical documentation, evidence of objective functional improvement, the presence of inconsistent urine drug testing, and long-term use in excess of the recommended guidelines, Robaxin 750 mg #90 is not medically necessary.

Cyclobenzaprine 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 10 mg #60 not medically necessary. 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. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker has been taking Cyclobenzaprine as far back as December 2013. It is unclear whether this is a refill for a new prescription. Additionally, the injured worker was taking Cyclobenzaprine, also muscle relaxant, concurrently. Cyclobenzaprine has been provided on a regular basis to the injured worker. Muscle relaxants are recommended short-term (less than two weeks) for treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back. The treating physician has clearly exceeded the recommended guidelines pursuant to the Official Disability Guidelines. Moreover, there is no clinical rationale for the use of two muscle relaxants prescribed concurrently. The worker has had inconsistent urine drug testing. The documentation does not contain evidence of objective functional improvement. Consequently, absent the appropriate clinical documentation, evidence of objective functional improvement, the presence of inconsistent urine drug testing, and long-term use in excess of the recommended guidelines, Cyclobenzaprine 10 mg #60 not medically necessary.