MAXIMUS Federal Services

Case Number:	CM14-0212196		
Date Assigned:	01/02/2015	Date of Injury:	04/21/2006
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/17/2014

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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 21, 2006.In a Utilization Review Report dated December 10, 2014, the claims administrator denied request for Robaxin, Norco, and Neurontin. The claims administrator referenced an October 27, 2014 progress note in its determination.The applicant's attorney subsequently appealed.On June 23, 2014, the applicant received trigger point injection therapy. Multifocal complaints of neck, trapezius, and shoulder pain were reported. The applicant was using Norco, Neurontin, Cymbalta, and Motrin as of that point in time. The applicant was also pending an epidural steroid injection, it was incidentally noted.On September 23, 2014, the applicant received further trigger point injections.On October 27, 2014, the applicant received further trigger point injections. The applicant was able to perform activities of daily living and work without restrictions, it was stated at that point.On October 20, 2014, the applicant reported persistent complaints of neck pain radiating into the arm. The applicant reported ancillary complaints of headaches and tinnitus. The applicant was working full time, full duty as a housekeeper, it was stated. The applicant was using Cymbalta, Norco, Motrin, Robaxin, and Norco. It was stated that the applicant was using Robaxin up to three times daily and Motrin up to three times daily. Multiple medications were renewed while the applicant was returned to regular duty work. The attending provider suggested that the applicant needed her medications as they were apparently effecting appropriate analgesia and/or facilitating the applicant's return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Robaxin 750g p.o. t.i.d. #90: 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 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 for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the thrice daily, 90-tablet supply of Robaxin at issue represents chronic, long-term, and/or scheduled usage. Such usage, however, runs counter to the philosophy espoused on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines insofar as muscle relaxant usage is concerned. Therefore, Retrospective Robaxin 750g #90 was not medically necessary.

Retrospective Norco 10/325 1-2 p.o. Q8hr #180: 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. Here, the applicant has returned to and/or maintained full-time, full-duty work status as a housekeeper. The applicant is able to perform activities of daily living which include lifting, bending, twisting, etc., reportedly achieved as a result of ongoing medication consumption, including ongoing Norco consumption. The attending provider has, in short, established that ongoing usage of Norco has proven successful here. Therefore, Retrospective Norco 10/325 #180 was medically necessary.

Retrospective Neurontin 300mg p.o. b.i.d. #60: Overturned

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 Gabapentin section. Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, the attending provider has posited that ongoing usage of gabapentin (Neurontin) has attenuated the applicant's cervical radicular complaints, facilitating the applicant's performance of activities of daily living and facilitate the applicant's return to work. Continuing the same, on balance, was indicated. Therefore, Retrospective Neurontin 300mg #60 was medically necessary.