

Case Number:	CM14-0213683		
Date Assigned:	12/31/2014	Date of Injury:	06/26/1997
Decision Date:	02/25/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

Pursuant to the progress note dated November 21, 2014, the IW complains of increased pain. Her pain with medications is rated 5/10, and 9/10 without medications. Quality of sleep is poor. Her activity level has increased. Examination of the lumbar spine reveals restricted range of motion with flexion and extension. Lumbar facet loading is positive bilaterally. Straight leg raise test is negative. Examination of the left knee reveals mild effusion in the joint. Current medications include Oxycodone HCL 5mg, Wellbutrin XL 150mg, Baclofen 10mg, Ambien CR 6.25mg, Meclizine 25mg, and Triamterene-HCTZ 37.5/25mg. According to the November 21, 2014 progress note, the Baclofen was going to be changed back to Robaxin, which the IW had been taking previously. The IW continues to recover from TKA surgery and notes her pain is improving. She has been able to taper off of Oxycontin. She notes that Oxycodone is helpful for pain relief. She is using 4/day. The IW has been taking Oxycodone and Robaxin since June 6, 2014, according to a progress note with the same date. There are no detailed pain assessments of evidence of objective functional improvement associated with the ongoing use of Robaxin, and Oxycodone. A urine drug screen dated September 19, 2014 was inconclusive. Ambien and Norco were not detected, which were prescribed medications at the time. The current request is for Robaxin 500mg #60, Oxycodone 5mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #60: 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 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, Robaxin 500 mg #60 is not medically necessary. Muscle relaxants are a second line option for short-term (less than two weeks) treatment of acute low back pain and 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. See the guidelines for additional details. In this case, the injured worker's working diagnoses are bilateral patella/chondromalacia ; and anterior knee pain syndrome/medial meniscal tear. The documentation in the medical record indicates the injured worker has been using Robaxin as far back as June 6, 2014. The documentation in a November 21, 2014 progress note indicates the injured worker was taking baclofen. However the documentation stated they were going to "restart Robaxin". There is no clinical indication of clinical rationale as to the change from one muscle relaxant to another. In a September 19th 2014 progress note a urine drug toxicology screen was taken that was inconsistent with Ambien and Norco. The documentation indicates the injured worker is still complaining of significant pain. Additionally, the clinical guidelines recommend short-term (less than two weeks) treatment of acute low back pain. The treating physician clearly exceeded the recommended guidelines of less than two weeks. There was no evidence of objective functional improvement. Consequently, absent clinical documentation to support the ongoing use of Robaxin with evidence of objective functional improvement in excess of the recommended guidelines and a clinical rationale for its use, Robaxin 500 mg #60 is not medically necessary.

Oxycodone HCL 5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, criteria for use

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, Oxycodone HCl 5 mg #120 is not medically necessary. Ongoing, chronic use of opiates requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects; a detailed pain assessment for the company ongoing obedience. Satisfactory response to treatment may be indicated by the patient's decreased pain,

increase level of function or quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are bilateral patella/chondromalacia ; and anterior knee pain syndrome/medial meniscal tear. The documentation in the medical record indicates oxycodone was prescribed as far back as June 16, 2014. The documentation is unclear as to whether this is a refill for the start of a new prescription. A review from the progress note dated November 21, 2014 indicates oxycodone 5 mg still prescribed. A urine drug toxicology screen was performed on September 19, 2014 that was inconsistent with the prescribed medications. Ambien and Norco were both prescribed but absent from the urine drug toxicology screen. The documentation did not contain evidence of objective functional improvement. There were no detailed pain assessments in the medical record. Consequently, absent clinical documentation to support the ongoing use of oxycodone with objective functional improvement, Oxycodone HCl 5 mg #120 is not medically necessary.