

<b>Case Number:</b>	CM14-0215282		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	06/17/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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 low back pain reportedly associated with an industrial injury of June 17, 2012. In a Utilization Review Report dated December 7, 2014, the claims administrator partially approved requests for oxycodone and morphine, approved rollator walker, and denied methocarbamol. The claims administrator referenced a November 24, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated November 11, 2014, the applicant's medical-legal evaluator suggested that the applicant had a number of maladaptive behaviors, depression and anxiety. The applicant was addicted to opioids, it was suggested. In a November 24, 2014 progress note, the applicant reported 4/10 pain with medications versus 8/10 pain without medications. The applicant was using Robaxin, morphine, and oxycodone, it was acknowledged. The applicant was severely obese, with a BMI of 40. The applicant exhibited a slow and unsteady gait in the clinic setting. The applicant was status post epidural steroid injection therapy. The applicant was asked to pursue acupuncture. Methocarbamol, morphine, and oxycodone were endorsed. The attending provider did not clearly state whether the applicant had or had not had prior acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Continue Opioids, and Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** The request for Oxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 was/is off of work. The applicant's medical-legal evaluator had suggested that the applicant may be addicted to her opioids. The applicant is having difficulty performing activities of daily living as basic as ambulating and is apparently requesting a walker to move about. The fact that the applicant is severely obese, with a BMI of 40, also suggests that the applicant is inactive and that ongoing usage of opioid agents, including oxycodone, failed to generate requisite improvements in function. Thus, the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function achieved as a result of ongoing opioid therapy outweigh the applicant's reports of pain reduction achieved as a result of ongoing Oxycodone usage. Therefore, the request was not medically necessary.

**Methocarbamol 750mg QY: 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 65.

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

**Decision rationale:** The request for Methocarbamol (Robaxin), a muscle relaxant, is not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Methocarbamol (Robaxin) are recommended with caution as a second-line option for short-term treatment for acute exacerbations of chronic low back pain, in this case, however, the 120-tablet supply of Methocarbamol (Robaxin) at issue represents chronic, long-term, and scheduled usage. Such usage, however, is incompatible with the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Morphine Sulfate ER 15mg:** Upheld

**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 Page(s): 80.

**Decision rationale:** The request for morphine extended release, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 was/is off of work. The applicant is having difficulty performing activities of daily living as basic as standing and walking, despite ongoing opioid usage. The applicant's medical-legal evaluator openly circulated that the applicant might be addicted to her drugs. The attending provider, furthermore, failed to outline any material improvements in function achieved as a result of ongoing opioid therapy, including ongoing morphine therapy in its November 2014 progress note. All of the foregoing, taken together, outweighed the applicant's subjective reports of analgesia achieved as a result of ongoing medication consumption and did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.