

Case Number:	CM15-0011692		
Date Assigned:	01/29/2015	Date of Injury:	11/05/2002
Decision Date:	03/27/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/21/2015

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, Illinois
 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:

The injured worker is a 58-year-old female who reported an injury on 11/05/2002. The mechanism of injury involved a fall. The current diagnoses include lumbosacral sprain, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, postlaminectomy syndrome, obesity, carpal tunnel syndrome, and long term use of other medication. The latest physician progress report submitted for this review is documented on 09/24/2014. The injured worker presented with increasing numbness and tingling in the right hand, as well as low back spasm. The injured worker requested a refill of medications. Upon examination, there was a positive Phalen's sign on the right, positive Tinel's sign on the right, increased low back pain with range of motion, 10 degree flexion, 5 degree extension, 5 degree right and left lateral bending, positive straight leg raise at 20 degrees bilaterally, 5/5 motor strength in the bilateral lower extremities, and decreased sensation to pinprick. Recommendations at that time included continuation of the current medication regimen of Norco 10/325 mg, Percocet 7.5/325 mg, Robaxin 750 mg, Effexor 37.5 mg, Zofran 4 mg, Neurontin 300 mg, and cephalexin 250 mg. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There was no documentation of palpable muscle spasm or spasticity upon examination. The injured worker has continuously utilized the above medication without any evidence of objective functional improvement. The injured worker continues to present with complaints of low back muscle spasm. There is also no frequency listed in the request. Given the above, the request is not medically appropriate in this case.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

Urine toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented

evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of noncompliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. The medical necessity has not been established in this case. Therefore, the current request is not medically appropriate.