

Case Number:	CM15-0015906		
Date Assigned:	02/03/2015	Date of Injury:	03/12/2003
Decision Date:	03/27/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/27/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male, who sustained an industrial injury on 3/12/03. The injured worker has complaints of headaches and neck pain radiating to the left upper extremity with numbness and tingling. He has complaints of mid back and low back pain, constant right shoulder/arm pain, occasional left elbow pain, frequent right wrist pain and constant left wrist pain. The diagnoses have included headache; status post cervical spine surgeries; thoracic sprain/strain; lumbar sprain/strain; right shoulder/arm internal derangement; left elbow sprain/strain; right wrist sprain/strain and status post left wrist/hand surgery, 12/4/13. According to the utilization review performed on 12/26/14, the requested Norco 10/325mg, quantity 100; Robaxin 750mg, quantity 60 and Butalbital/APAP/caffeine has been non-certified. CA Chronic Pain Medical Treatment Guidelines, muscle relaxants; butalbital/APAP/caffeine (fioricet); methocaramol (Robaxin, relaxin, generic available); weaning of medications; opioids for chronic pain and Norco were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, quantity 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with headaches rated 7-8/10 and neck pain rated 8-9/10 radiating to the left upper extremity with numbness and tingling. He has complaints of mid back pain rated 7-8/10 and low back pain rated 6-7/10, constant right shoulder/arm pain rated 4-5/10, occasional left elbow pain rated 4-5/10, frequent right wrist pain rated 6-7/10, and constant left wrist pain rated 07/10. Pain level without medication is 9-10/10 and decreases to 05/10 with the use of medications. The request is for NORCO 10/325MG, QUANTITY. The RFA is not provided. Patient's diagnosis on 12/15/14 included headache, status post cervical spine surgeries, thoracic sprain/strain, lumbar sprain/strain, right shoulder/arm internal derangement, left elbow sprain/strain, right wrist sprain/strain, and status post left wrist/hand surgery on 12/04/13. Patient is permanently disabled. MTUS Guidelines pages 88 and 89 states, 'Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument.' MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, 'Hydrocodone has a recommended maximum dose of 60mg/24hrs.' The prescription for Norco was mentioned in the progress report dated 08/21/14. Toxicology reports dated 10/28/14 and 11/25/14 were consistent with the medications prescribed. In this case, although pain scales are reported to confirm analgesia, there are no specific discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. No opioid pain agreement, or CURES reports were provided for review, MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Robaxin 750mg, quantity 60: Upheld

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

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

Decision rationale: The patient presents with headaches rated 7-8/10 and neck pain rated 8-9/10 radiating to the left upper extremity with numbness and tingling. He has complaints of mid back pain rated 7-8/10 and low back pain rated 6-7/10, constant right shoulder/arm pain rated 4-5/10, occasional left elbow pain rated 4-5/10, frequent right wrist pain rated 6-7/10, and constant left wrist pain rated 07/10. Pain level without medication is 9-10/10 and decreases to 05/10 with the use of medications. The request is for ROBAXIN 750MG QUANTITY 60. The RFA is not provided. Patient's diagnosis on 12/15/14 included headache, status post cervical spine surgeries, thoracic sprain/strain, lumbar sprain/strain, right shoulder/arm internal derangement, left elbow sprain/strain, right wrist sprain/strain, and status post left wrist/hand surgery on 12/04/13. Patient

is permanently disabled. MTUS page 63-66 Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP MTUS page 63-66 under ANTISPASMODICS for Methocarbamol (Robaxin Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Treater does not elaborate on reasons for prescribing Robaxin. The prescription for Robaxin was mentioned in the progress report dated 08/21/14. Toxicology reports dated 10/28/14 and 11/25/14 were consistent with the medications prescribed. MTUS guidelines recommend non-sedating muscle relaxants for short-term use. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, continued use is not in line with guideline recommendations which specify short duration therapy for muscle relaxants. The request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Butalbital/APAP/caffeine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The patient presents with headaches rated 7-8/10 and neck pain rated 8-9/10 radiating to the left upper extremity with numbness and tingling. He has complaints of mid back pain rated 7-8/10 and low back pain rated 6-7/10, constant right shoulder/arm pain rated 4-5/10, occasional left elbow pain rated 4-5/10, frequent right wrist pain rated 6-7/10, and constant left wrist pain rated 07/10. Pain level without medication is 9-10/10 and decreases to 05/10 with the use of medications. The request is for BUTALBITAL/APAP/CAFFEINE. The RFA is not provided. Patient's diagnosis on 12/15/14 included headache, status post cervical spine surgeries, thoracic sprain/strain, lumbar sprain/strain, right shoulder/arm internal derangement, left elbow sprain/strain, right wrist sprain/strain, and status post left wrist/hand surgery on 12/04/13. Patient is permanently disabled. Barbiturate-containing analgesic agents (BCAs) (MTUS p23) - Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987). See also Opioids. Treater does not provide a rationale for the request. The prescription for BUTALBITAL/APAP/CAFFEINE was mentioned in the progress report dated 08/21/14. MTUS does not support Barbiturate-containing analgesic agents for chronic pain. The request IS NOT medically necessary.