

Case Number:	CM15-0111135		
Date Assigned:	06/17/2015	Date of Injury:	08/30/2000
Decision Date:	07/16/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 injured worker is a 59 year old male, who sustained an industrial injury on 08/30/2000. He has reported injury to the neck and low back. The diagnoses have included chronic neck pain with headaches; chronic low back pain with left lower extremity radiculopathy; progressive memory disturbance of unknown etiology; and insomnia with likely associated obstructive sleep apnea. Treatment to date has included medications, diagnostics, and home exercise program. Medications have included Hydrocodone/Acetaminophen, Methocarbamol, Lidoderm Patch, and Lyrica. A progress note from the treating physician, dated 05/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain, and particularly radicular leg pain, have gotten worse; this is making it difficult to be physically active; manages to continue losing weight; eating skills continue to improve; water intake is good; takes medications as prescribed without significant adverse reactions; feels anxious because of leg pain; and it is hard to sleep because of pain. Objective findings included continued weight loss; and lost six pounds since last visit. The treatment plan has included the request for Hydrocodone/Acetaminophen 10/325mg #75 x 2 refills; and Methocarbamol 500mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #75 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Hydrocodone/APAP for an extended period without objective documentation of functional improvement or significant decrease in pain. The injured worker's pain levels have actually increased while taking the medication. Additionally, his urine drug screens have been inconsistent. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone/APAP 10/325mg #75 x 2 refills is not medically necessary.

Methocarbamol 500mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 64-66.

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

Decision rationale: The MTUS Guidelines recommend the use of non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. Chlorzoxazone works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. Side effects include drowsiness and dizziness. The injured worker is taking Methocarbamol for chronic pain without objective evidence of pain relief or increase in function. There is also rationale for selecting a muscle relaxant over an NSAID. The request for Methocarbamol 500mg #100 is not medically necessary.