

<b>Case Number:</b>	CM15-0114483		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	11/22/2004
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 33 year old male who reported an industrial injury on 11/22/2004. His diagnoses, and/or impressions, are noted to include: lumbar degenerative disc disease; and lumbago. No current imaging studies are noted. His treatments have included high-doses of pain medication management; and rest from work. The progress notes of 5/28/2015 reported included complaints of decreased efficacy of his pain medications; uncontrolled, worsening and severe pain over the previous month, despite being off work; the inability to participate in activities and being mostly bedridden due to his pain; an Emergency Room (ER) Visit on 5/27/15 because of a flare-up of his lumbar back pain where he received medications which provided him some relief of his pain for a short time; that he noted significant benefit of pain and muscle spasms from his medications; an attempt that was made to decrease his Methadone; and his continued over-use of his high-dose pain medication due to his very physically demanding job and caring for his young son as a single father. He also admitted to using his neighbors Valium for flare-ups of his chronic pain, detected in the urine drug screen of 2/27/2015. Objective findings were noted to include a re-discussion of his narcotic agreement and advisement against his self-increases of and constant over-use of his prescribed medications, and importance of not running out early; taking him off work due to his uncontrolled pain; the discontinuation of Oxycontin, the prescribing of withdrawal medications, and his counseling to try to remain off his Methadone and to go back to the ER for extreme flare-ups of his chronic pain versus over-use of his chronic pain medications; the leaving of Fentanyl the same for the time-being to assess for efficacy; and the overall plan for progressively reducing Methadone over several months. The physician's requests for treatments were noted to include Robaxin for muscle spasms, the remaining Fentanyl Patches, and a urine drug screen, at the next office visit, to monitor for compliance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 1000mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Methocarbamol (Robaxin), p65.

**Decision rationale:** The claimant sustained a work injury in November 2004 and continues to be treated for chronic pain. When seen, pain was rated at 7/10. Physical examination findings included appearing in emotional and physical distress with pain behaviors. There was decreased cervical and lumbar spine range of motion with tenderness. Urine drug screening in February 2015 had been positive for diazepam which he had obtained from a neighbor. Medications being prescribed included fentanyl and methadone at a total MED (morphine equivalent dose) of over 100 mg per day. Robaxin had been prescribed on a long-term basis and the dose was increased. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include Robaxin (methocarbamol). In this case, there is no identified new injury or exacerbation and muscle relaxants have been prescribed on a long-term basis and appear to have been ineffective. Ongoing prescribing of Robaxin was not medically necessary.

**50mcg #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work injury in November 2004 and continues to be treated for chronic pain. When seen, pain was rated at 7/10. Physical examination findings included appearing in emotional and physical distress with pain behaviors. There was decreased cervical and lumbar spine range of motion with tenderness. Urine drug screening in February 2015 had been positive for diazepam which he had obtained from a neighbor. Medications being prescribed included fentanyl and methadone at a total MED (morphine equivalent dose) of over 100 mg per day. Robaxin had been prescribed on a long-term basis and the dose was increased. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 8 times that recommended and there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**Retro: UDS (DOS 05/28/2015):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94.

**Decision rationale:** The claimant sustained a work injury in November 2004 and continues to be treated for chronic pain. When seen, pain was rated at 7/10. Physical examination findings included appearing in emotional and physical distress with pain behaviors. There was decreased cervical and lumbar spine range of motion with tenderness. Urine drug screening in February 2015 had been positive for diazepam which he had obtained from a neighbor. Medications being prescribed included fentanyl and methadone at a total MED (morphine equivalent dose) of over 100 mg per day. Robaxin had been prescribed on a long-term basis and the dose was increased. In this case, the claimant would be considered at high risk for abuse of opioid medication. Guidelines recommend that patients at high risk undergo frequent random urine toxicology screens. The testing requested is consistent with guideline recommendations and was medically necessary.