MAXIMUS Federal Services

Case Number:	CM15-0114764		
Date Assigned:	06/23/2015	Date of Injury:	09/20/2011
Decision Date:	07/29/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	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: Pennsylvania
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 56 year old female who sustained an industrial injury on September 20, 2011. She reported neck, shoulder, and knee pain sustained in a fall. The injured worker was diagnosed as having low back pain, neck pain, right greater than left shoulder pain, and left greater than right knee pain. Diagnostic studies to date have included MRIs, electrodiagnostic studies, and x-rays. Surgeries to date included right shoulder arthroscopy with subacromial decompression and a left shoulder surgery in 2013. Treatment to date has included aquatic therapy, physical therapy, acupuncture, home exercise program, left wrist brace, a transcutaneous electrical nerve stimulation (TENS) unit, work modifications, lumbar epidural steroid injections, a right trochanteric injection, non-steroidal anti-inflammatory injections, trigger point injections, and medications including opioid analgesic, topical analgesics, non-steroidal anti-inflammatory, anti-epilepsy, antidepressant, and muscle relaxant. Norco and robaxin have been prescribed since at least July 2014. Work restrictions since December 2014 included: Occasional lifting, pushing, or pulling greater than a maximum of 35-40 pounds; lifting, pushing, or pulling of 15- 20 pounds: can do regularly. No prolonged neck or lower spine positioning or extreme bending. Occasional overhead reaching and lifting above the shoulder level bilaterally. No occasional squatting or kneeling. On May 5, 2015, the injured worker complained of back spasm. Her pain medication decreased her pain to 5/10, which allowed her to work with restrictions. There were no interim changes. The physical exam revealed use of a single-point cane for ambulation and marked limitation of the lumbar spine flexion and extension. The treatment plan includes Norco 10/325mg #75 and Robaxin 750mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic pain. Norco has been prescribed for at least ten months. The long term usage of opioid therapy is discouraged by the Medical Treatment Utilization Schedule (MTUS) guidelines unless there is evidence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, improvement in pain, and improvement in function. Work restrictions were unchanged since December of 2014. It was noted that medications as a group led to some improvement in activities of daily living, but there was no documentation of improvement in specific activities of daily living as a result of norco. Therefore the Norco is not medically necessary.

Robaxin 750mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308, Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This injured worker has chronic pain. Robaxin has been prescribed for at least ten months. Per the California Medical Treatment Utilization Schedule (MTUS) guidelines 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." The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Per the ACOEM (American College of Occupational and Environmental Medicine) guidelines muscle relaxants are recommended for short-term use for acute spasms. There was a lack of documentation of acute exacerbation of low back pain or acute muscle spasms. Therefore the Robaxin is not medically necessary.