

Case Number:	CM15-0118967		
Date Assigned:	06/29/2015	Date of Injury:	03/15/2004
Decision Date:	07/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/19/2015

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 49 year old male who sustained an industrial injury on 3/15/04. The diagnoses are status post left shoulder arthroscopy/distal clavicle excision/subacromial decompression/rotator cuff tear and labral debridement -8/28/08, status post right knee arthroscopy-8/2006 with residual chondromalacia patella/osteoarthritis, left knee patellofemoral arthralgia with posterior horn medial meniscus tear per diagnostic ultrasound study -12/2006, status post right shoulder arthroscopy two times, bilateral elbow medial/lateral epicondylitis, bilateral wrist tendinitis with dynamic carpal tunnel syndrome and left dorsal ganglion cyst, chronic pain syndrome/fibromyalgia, stress/anxiety and sleep disorder, and gastrointestinal pain secondary to medications. In a progress report dated 5/27/15, a treating physician notes he returns for medication review and re-evaluation. He was noted as permanent and stationary on 3/10/09 and he states he is deemed as 100% permanent disability in 2013. He is not working. His orthopedic symptoms were noted to be unchanged since the previous visit. A review of systems notes the following; intermittent stomach pain, joint pain, muscle spasm, sore muscles, stress, and anxiety. Current medications are Norco 7.5/325 mg 4 tablets a day, Robaxin 750 mg 2 tablets twice a day, Zantac 150 mg 2 tablets a day, and Anaprox 550mg 2 tablets a day. Pain with medication is rated at 4/10 with relief for 4-6 hours, is able to perform activities of daily living, improves sleep pattern, and improves participation in the home exercise program. Pain without medication is rated at 6/10. The plan is to continue medications; including Norco 7.5/325mg 1 three times a day #90, for treatment of chronic pain syndrome and Robaxin 750mg 1-2 three times a day as needed #120 for treatment of spasm to resume activity and function. Some of the

previous treatments include multiple surgeries, referrals to psychiatry, rheumatology, orthopedics, internal medicine, physical therapy, and medication. The requested treatments are Norco 7.5/325 mg quantity of 90 and Robaxin 750 mg for a quantity of 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg quantity 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale Pain 2001 Nov; 94 (2):149-58.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2004 and continues to be treated for chronic pain. Indications are referenced as decreasing pain from 6/10 to 4/10 and allowing for improved activities of daily living, sleep, and for participation in a home exercise program. When seen, he was having more back pain. He was having ongoing difficulty sleeping and chronic fatigue. There was a normal neurological examination. Medications were continued. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control with improved function and exercise tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

Robaxin 750mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Methocarbamol (Robaxin), p65 Page(s): 63, 65.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2004 and continues to be treated for chronic pain. Indications are referenced as decreasing pain from 6/10 to 4/10 and allowing for improved activities of daily living, sleep, and for participation in a home exercise program. When seen, he was having more back pain. He was having ongoing

difficulty sleeping and chronic fatigue. There was a normal neurological examination. Medications were continued. 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. Robaxin is not medically necessary.