

Case Number:	CM15-0119265		
Date Assigned:	07/06/2015	Date of Injury:	02/20/2001
Decision Date:	08/05/2015	UR Denial Date:	05/23/2015
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: California

Certification(s)/Specialty: Family Practice

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 57 year old female who sustained an industrial /work injury on 2/20/01. She reported an initial complaint of low back pain. The injured worker was diagnosed as having lumbar disc herniation. Treatments to date included medication, injection, and diagnostics. MRI results reported on 3/20/01 that revealed L3-4, L4-5, L5-S1 diffuse posterior midline bulge and slight indentation of the thecal sac. Currently, the injured worker complained of chronic low back pain rated 4-5/10. Per the primary physician's report (PR-2) on 5/18/15, examination revealed mild tenderness of the lumbosacral spine, bilateral paraspinal muscles, and bilateral sciatic notches, flexing back to 60 degrees and antalgic gait was present. The requested treatments include Norco 5/325mg and Robaxin 750mg. A letter of appeal has been submitted dated June 19, 2015 and the injured worker has been most recently evaluated on June 26, 2015 complaining of increased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

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

Decision rationale: The MTUS guidelines generally do not recommend opioids for chronic non-malignant pain, however, the guidelines state that in order to support continued use, there must be improvement in pain and function. The medical records and the letter of appeal document subjective and objective functional improvement with the current opioid regimen. In addition, there is no evidence of abuse or diversion. Furthermore, the current morphine equivalent dosage is 10 and is far below the ceiling of morphine equivalent dosage noted by the MTUS guidelines. The request for Norco 5/325mg #60 is therefore medically necessary and appropriate.

Robaxin 750mg #60 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Methocarbamol (Robaxin) Page(s): 63-66, 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Muscle Relaxants.

Decision rationale: Per the MTUS guidelines, 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 guidelines state that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. As noted in ODG, "According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008)" While a short course of muscle relaxants is supported in the event of an acute exacerbation, the chronic long term use of muscle relaxants is not supported. The medical records note that Utilization Review has allowed for modification and weaning of this medication. The request for Robaxin 750mg #60 x 1 refill is not medically necessary or appropriate.