

Case Number:	CM15-0123884		
Date Assigned:	07/08/2015	Date of Injury:	06/03/2008
Decision Date:	08/05/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/29/2015

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, Indiana, New York
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 49 year old male with an industrial injury dated 06/03/2008. The injured worker's diagnoses include myalgia and myositis, unspecified, radiculopathy thoracic or lumbosacral, chronic herniated nucleus pulposus of lumbar, post laminectomy syndrome of lumbar region, lumbar spondylosis without myelopathy, chronic abnormal gait and facet arthropathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 12/31/2014, the injured worker reported back pain. The injured worker rated pain an 8/10 with medications and a 9/10 without medications. Objective findings revealed tenderness of lumbar spine with muscle spasms, painful lumbar range of motion and pain over the facet joints, worsened with loading maneuvers. The treating physician prescribed Kadian 30mg #60 with 1 refill and Methocarbamol 750mg #120 with 1 refill now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 30mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Kadian 30mg #60 with one refill is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are myalgia and myositis unspecified; radiculopathy thoracic or lumbosacral; chronic herniated nucleus pulposus lumbar; post laminectomy syndrome; lumbar spondylosis without myelopathy; facet arthropathy; and chronic abnormal gait. The date of injury is June 3, 2008. The request for authorization is June 15, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization June 15, 2015. The most recent progress note in the medical record is an "appeal to denial" dated February 5, 2015. The earliest progress note in the medical record is dated December 31, 2014. Subjectively, the injured worker has low back pain. The injured worker is status post spinal cord stimulator trial and failure. The documentation indicates multiple spinal surgeries, epidural steroid injections and medications. There is no contemporaneous clinical documentation in the medical record with a current subjective history and objective clinical findings with a current medication history to make an informed decision regarding Kadian 30 mg. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement. Consequently, absent contemporary clinical documentation with a current history, physical examination and detailed pain assessment, risk assessment and evidence of objective functional improvement, Kadian 30mg #60 with one refill is not medically necessary.

Methocarbamol 750mg #120 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methocarbamol 750 mg #120 with one refill is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic

low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are myalgia and myositis unspecified; radiculopathy thoracic or lumbosacral; chronic herniated nucleus pulposus lumbar; post laminectomy syndrome; lumbar spondylosis without myelopathy; facet arthropathy; and chronic abnormal gait. The date of injury is June 3, 2008. The request for authorization is June 15, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization June 15, 2015. The most recent progress note in the medical record is an "appeal to denial" dated February 5, 2015. The earliest progress note in the medical record is dated December 31, 2014. Subjectively, the injured worker has low back pain. The injured worker is status post spinal cord stimulator trial and failure. The documentation indicates multiple spinal surgeries, epidural steroid injections and medications. There is no contemporaneous clinical documentation in the medical record with a current subjective history and objective clinical findings with a current medication history to make an informed decision regarding Methocarbamol 750mg. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement. The start date for Methocarbamol 750 mg is December 2, 2014. Methocarbamol is indicated for short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Methocarbamol was started, according to the progress note dated December 2, 2014, but the documentation does not contain a contemporary progress note on or about the date of request for authorization. Methocarbamol is indicated for short-term (less than two weeks). The request for authorization indicates the treating provider is requesting a refill for Methocarbamol June 15, 2015. The request exceeds the recommended guidelines for muscle relaxant short-term use (Methocarbamol continued in excess of six months). Consequently, absent contemporary clinical documentation with a current history, physical examination and continued use in excess of the recommended guidelines (less than two weeks) for six months, Methocarbamol 750 mg #120 with one refill is not medically necessary.