MAXIMUS Federal Services

Case Number:	CM15-0170435		
Date Assigned:	09/11/2015	Date of Injury:	02/23/2012
Decision Date:	10/08/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, 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 48 year old male who sustained an industrial injury February 23, 2012, when boxes weighing 20-30 pounds fell on him. He complained of pain in the cervical spine and left shoulder. He initially received medication and six visits of physical therapy. Past history included status post C4-6 anterior cervical fusion and discectomy July 30, 2014. Diagnoses are cervicalgia; cervical radiculopathy; potential left shoulder problems. According to a primary treating physician's progress report, dated August 4, 2015, the injured worker presented with neck pain, rated 4-5 out of 10, mostly on the left side. He reports good results from recent C7-T1 facet joint injections which lasted for a few days. Physical examination is documented as good strength and sensation in the bilateral upper extremities. Diagnostic x-rays were taken and the physician noted; "the fusion is okay, there may be some fusion occurring in that region and there is a broken screw at C7 but doesn't need to be revised currently". Treatment plan included dispensing new medication prescriptions for Norco and Methocarbamol (Robaxin) and formally asking for C7-T1 facet radiofrequency ablation. At issue, is the request for authorization for Norco and Methocarbamol. According to utilization review, performed August 26, 2015, the request for Norco 10-325mg #120, date of service 8-4-2015 was denied by the physician advisor, however, weaning is recommended, therefore a supply of #120 Norco are approved for weaning purposes. The request for Methocarbamol 500mg #60 date of service 8-4-2015, was denied by the physician advisor, however, weaning is recommended therefore a supply of #60 Methocarbamol are approved for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 DOS: 8/4/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months without consistent documentation of pain score reduction with the use of the medications. There was no mention of Tylenol, Tricyclic or weaning failure. The use of Norco on 8/4/15 was not medically necessary.

Methocarbamol 500mg #60 DOS: 8/4/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Muscle relaxants such as Methocarbamol are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In this case, the claimant was on Methocarbamol for over 6 months and intermittently in combination with NSAIDS and Norco. Long-term use is not recommended. The continuation of Methocarbamol on 8/4/15 was not medically necessary.