

Case Number:	CM15-0173128		
Date Assigned:	09/14/2015	Date of Injury:	10/24/1990
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/01/2015

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: Georgia, California, Texas
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 72-year-old female who sustained an industrial injury on October 24, 1990. An orthopedic evaluation dated April 30, 2015 reported subjective complaint of left sided low back pain. She states having had radiofrequency ablation performed at L2-L4, right and received "significant improvement in pain." There is mention of consulting physician with recommendation to administer lumbar facet medial branch block injections targeting L3-4 and L4-5 on the left. Urine toxicology results dated February 18, 2015 consistent with prescribed Norco. The following treating diagnoses were applied: severe intervertebral disc disease; lumbar facet arthropathies; lumbar stenosis; anterolisthesis at L4-5; severe osteoporosis, and obesity; status post total left shoulder arthroplasty, non-industrial. She is to continue with current medication regimen. At primary follow up dated July 28, 2015, she states, "Her medications of Norco and Robaxin have been denied for over one year." As a result, she has not taking Norco or Robaxin for many months. The plan of care noted prescribing: Norco 10mg 325mg #100 and Robaxin 750mg #60. 08/31/15 office note stated that plan to wean the injured worker from Norco and Robaxin had been postponed due to a continued flare of symptoms. She reported symptomatic and functional improvement with the current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #100 (prescription date: 7/28/15): Overturned

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, criteria for use, Opioids for chronic pain.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Based upon the submitted information, the "4 A's" appear to be met and at least short-term continuation of Norco is reasonable and medically necessary.

Robaxin 750mg, #60 with q refill: 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: MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Per the submitted documentation, the injured worker sustained a recent exacerbation of low back symptoms following many months off pain medication or muscle relaxants. Based upon documented response, a short course of Robaxin was reasonable, but refills of this medication for ongoing use are not supported by MTUS. Medical necessity is not established for the request as written. This request is not medically necessary.