MAXIMUS Federal Services

Case Number:	CM15-0023128		
Date Assigned:	02/12/2015	Date of Injury:	11/06/1997
Decision Date:	04/14/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/06/2015

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, Washington
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 54-year-old male who reported an injury on 11/06/1997. The mechanism of injury was not specifically stated. The current diagnoses include cervical spine sprain, cervical spondylosis without myelopathy, cervical facet arthropathy, cervicogenic headaches, lumbar spondylosis with facet arthropathy and low back pain. The injured worker presented on 01/28/2015 for a follow-up evaluation with complaints of persistent low back pain. It was noted that the injured worker was status post lumbar radiofrequency neurotomy on 12/16/2014. Previous conservative treatment also includes physical therapy, acupuncture and home exercise. The injured worker was also utilizing Norco 10/325 mg as well as Robaxin 750 mg. The injured worker had tried and failed Flexeril, Soma, Flector patch and anti-inflammatory medication. Upon examination, there was bilateral thoracic paraspinous tenderness, mild myofascial pain from L1-S1, 40-degree lumbar flexion, 15 degree extension, 15 degree rotation, 15 degree lateral bending, normal motor strength, and intact sensation. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 02/03/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized the above medication since at least 08/2014. There is no documentation of objective functional improvement. There is no change in the injured worker's physical examination. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

Robaxin 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, there was no objective evidence of palpable muscle spasm or spasticity upon examination. Guidelines would not support long-term use of muscle relaxants. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.