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| Case Number: | CM15-0039933 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 08/09/2009 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 03/02/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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: Physical Medicine & Rehabilitation

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 26 year old female, who sustained an industrial injury on 8/9/2009. Currently, on 1/29/2015, she reported constant, sharp low back pain with recent radiation into her mid back and with intermittent radiation down into her bilateral lower extremities. The injured worker was diagnosed with, and/or impressions were noted to include, lumbar spinal stenosis; lumbosacral spondylosis; and thoracic or lumbosacral neuritis or radiculitis - unspecified. Treatments to date have included consultations, diagnostic magnetic resonance imaging studies (11/13/14); electromyogram and nerve conduction studies (3/14/14); non-effective physical therapy; effective, short-term, steroid injection therapy (2012); and medication management. Current, 2014 and January 2015, medical records note an industrial complaint history that includes severe right wrist pain, mild left wrist pain, and severe, radiating lumbar spine pain. The 1/20/2015 report states she is under future medical care for this industrial injury, and that she has returned to work. The 1/29/2015 report noted treatment plan recommendations that included right lumbar transforaminal epidural steroid injections, right sacroiliac joint block, weight loss, and continued medication management; and if these fail, then for spine surgeon referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The 3/02/15 Utilization Review letter states the Robaxin 500mg, #60 with 2 refills requested on the 1/29/15 medical report was denied because the reviewer believes "CA MTUS does not recommend long term Opioids or muscle relaxants and there is no documentation or rationale the requested medications are require for treatment of the injury of 8/9/09." The 1/29/15 report is the initial pain management evaluation, and states the patient presents with 4-8/10 low back pain that recently started to radiate into the mid back. There is intermittent pain radiating down her bilateral legs to her toes, with burning, aching, numbness and tingling sensations. She takes Aleve 220mg, ibuprofen 200mg and Tylenol 500mg. The physician initiates a trial of Robaxin 500mg, bid to try to control spasms and Norco 10/325mg bid prn. This request involves Robaxin 500mg, #60 with 2 refills. MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66, Muscle relaxants (for pain) states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Methocarbamol (Robaxin, Relaxin, generic available): The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. MTUS recommends non-sedating muscle relaxants for short-term treatment of acute exacerbations of chronic back pain. The Robaxin or methocarbamol is a sedating muscle relaxant, and with the requested refills, does not appear to be for "short-term" management. The request does not appear to be in accordance with MTUS guidelines. The request for Robaxin 500mg, #60 with 2 refills IS NOT medically necessary.

Norco 10/325 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 3/02/15 Utilization Review letter states the Norco 10/325mg #60 with 2 refills requested on the 1/29/15 medical report was denied because the reviewer believes "CA MTUS does not recommend long term Opioids or muscle relaxants and there is no documentation or rationale the requested medications are require for treatment of the injury of 8/9/09." The 1/29/15 report is the initial pain management evaluation, and states the patient presents with 4-8/10 low back pain that recently started to radiate into the mid back. There is intermittent pain radiating down her bilateral legs to her toes, with burning, aching, numbness and tingling sensations. She takes Aleve 220mg, ibuprofen 200mg and Tylenol 500mg. The physician initiates a trial of Robaxin 500mg, bid to try to control spasms and Norco 10/325mg

bid prn. This request involves Norco 10/325mg, #60 with 2 refills. MTUS page 78 Criteria for use of Opioids, ongoing management, recommends documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS does allow for use a trial of opioids for chronic pain and even provides guidelines for long-term use of opioids. However, in both cases, the guidelines require ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. In this case, the initial prescription of Norco may be appropriate as a trial, but without reporting of the outcome of the initial trial, there is no justification for the refills. The IMR process does not allow for partial certification. The request, as written, for the initial trial of Norco 10/325mg #60 with 2 refills IS NOT medically necessary.