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| Case Number: | CM15-0050720 | | |
| Date Assigned: | 03/24/2015 | Date of Injury: | 05/25/2011 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 03/10/2015 |
| Priority: | Standard | Application Received: | 03/17/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 60 year old female, who sustained an industrial injury on May 25, 2011. She has reported lower back pain, left hip pain, and left elbow pain. Diagnoses have included lumbar spine strain/sprain, left elbow contusion, sacral contusion, and lumbosacral disc protrusion. Treatment to date has included medications, acupuncture, and imaging studies. A progress note dated February 25, 2015 indicates a chief complaint of lower back pain radiating to the left leg with numbness and tingling. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 60 year old female has complained of low back pain since date of injury 5/25/11. She has been treated with acupuncture, physical therapy and medications to include opioids since at least 11/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.

Robaxin 500 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: This 60 year old female has complained of low back pain since date of injury 5/25/11. She has been treated with acupuncture, physical therapy and medications to include Robaxin since at least 01/2015. The current request is for Robaxin. Per the MTUS guidelines cited above, Robaxin, a sedating muscle relaxant is not recommended in the treatment of chronic pain. On the basis of the available medical records and per the MTUS guidelines cited above, Robaxin is not medically necessary.