

Case Number:	CM15-0062018		
Date Assigned:	04/07/2015	Date of Injury:	06/08/2012
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 51 year old female, who sustained an industrial injury on 06/08/2012. The initial diagnoses or complaints at time of injury were elbow injuries. On provider visit dated 03/04/2015 the injured worker has reported minimal discomfort in right elbow. On examination of the elbow revealed tenderness along the left lateral epicondyle to palpation. There was also tenderness of cervical paraspinal muscles. The diagnoses have included neck pain, status post right lateral epicondylar reconstruction on 02/03/2015 and left lateral epicondylitis with partial tearing of the extensor origin noted on MRI 08/15/2013. Treatment to date has included pain medications and wrist bracing. The provider requested Percocet 5/325mg #30 and Robaxin 750mg #30 for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5-325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids - On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records did not indicate that the patient failed treatment with first line NSAIDs medications. The low severity of pain did not meet the guidelines requirement for chronic opioids treatment. There is lack of documentation of guidelines required compliance monitoring of serial UDS, CURES data reports or absence of aberrant behavior. The request is not medically necessary.

Robaxin 750mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin, Relaxin, generic available) - Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to treatments with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioid medications. The records indicate that the patient had utilized Robaxin beyond the guidelines recommended maximum treatment period of 4 weeks. There is no documentation of objective findings indicating intractable muscle spasm requiring chronic muscle relaxant treatment. The request is not medically necessary.