

Case Number:	CM15-0068674		
Date Assigned:	04/16/2015	Date of Injury:	09/12/2013
Decision Date:	05/20/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/10/2015

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, Illinois

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 62 year old female who sustained a cumulative industrial injury on 09/12/2013. The injured worker was diagnosed with cervical spine sprain/strain, cervical myofascial sprain, myofascial sprain of the lumbar spine, L4 radiculopathy according to the electrodiagnostic testing performed on December 9, 2014 and spondylolisthesis at L4-5 and L5-S1. The injured worker has a history of Crohn's disease. Treatment to date includes diagnostic testing including cervical spine, lumbar spine magnetic resonance imaging (MRI), Electromyography (EMG)/Nerve Conduction Velocity (NCV), ice, physical therapy (6 sessions), acupuncture therapy and medications. According to the Supplemental report of the Qualified Medical Evaluator on November 7, 2014, the injured worker was examined for cervical spine and lumbar back pain. Examination demonstrated tenderness to palpation of the paravertebral muscles, upper trapezii and interscapular areas bilaterally. There was no spasm noted. There was no tenderness over the cervical spinous process. Cervical range of motion was mildly decreased on right and left lateral flexion. Sensation was intact. The shoulders were negative for impingement signs. Examination of the lumbar spine was evident for scoliosis with some decreased range of motion. There was no evidence of tenderness to palpation, spasm, motor, reflex or sensory defects. Current medications are listed as Tizanidine, Norco, Robaxin and Fioricet. Treatment plan consists of the current request for Norco, Robaxin and Fioricet renewals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 98-81.

Decision rationale: The injured worker sustained a work related injury on 09/12/2013. The medical records provided indicate the diagnosis of cervical spine sprain/strain, cervical myofascial sprain, myofascial sprain of the lumbar spine, L4 radiculopathy according to the electrodiagnostic testing performed on December 9, 2014 and spondylolisthesis at L4-5 and L5-S1. The injured worker has a history of Crohn's disease. Treatment to date include, ice, physical therapy (6 sessions), acupuncture therapy and medications. The medical records provided for review do not indicate a medical necessity for Norco 5/325mg, #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker has been using this medication since 2013. The records do not indicate the injured worker is monitored for pain control, activities of daily living, adverse effects of medication, and aberrant behavior. Therefore is not medically necessary.

Fioricet, #60 (Unspecified dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80-81.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PBarbiturate-containing analgesic agents (BCAs)ain (Chronic).

Decision rationale: The injured worker sustained a work related injury on 09/12/2013. The medical records provided indicate the diagnosis of cervical spine sprain/strain, cervical myofascial sprain, myofascial sprain of the lumbar spine, L4 radiculopathy according to the electrodiagnostic testing performed on December 9, 2014 and spondylolisthesis at L4-5 and L5-S1. The injured worker has a history of Crohn's disease. Treatment to date includes ice, physical therapy (6 sessions), acupuncture therapy and medications. The medical records provided for review do not indicate a medical necessity for Fioricet, #60 (Unspecified dosage). Fioricet is a combination medication containing acetaminophen, butalbital, and caffeine. The MTUS is silent

on it, but the Official Disability Guidelines does not recommend Barbiturate-containing analgesic agents (BCAs) for chronic pain due to the high potential for dependency and lack of evidence of improved benefit with barbiturate. Therefore is not medically necessary.

Robaxin 500mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The injured worker sustained a work related injury on 09/12/2013. The medical records provided indicate the diagnosis of cervical spine sprain/strain, cervical myofascial sprain, myofascial sprain of the lumbar spine, L4 radiculopathy according to the electrodiagnostic testing performed on December 9, 2014 and spondylolisthesis at L4-5 and L5-S1. The injured worker has a history of Crohn's disease. Treatment to date includes ice, physical therapy (6 sessions), acupuncture therapy and medications. The medical records provided for review do not indicate a medical necessity for Robaxin 500mg, #60. Robaxin is a muscle relaxant. The MTUS recommends the use of 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. The records indicate the injured worker has been using muscle relaxants since 2013. Therefore is not medically necessary.