

<b>Case Number:</b>	CM15-0070911		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 64-year-old male who sustained an industrial injury on 06/09/2010. Current diagnosis includes knee pain. Previous treatments included medication management, left knee surgery, lumbar fusion, and visco supplementation injections. Previous diagnostic studies included x-rays. Initial complaints included an injury to the left knee. Report dated 03/18/2015 noted that the injured worker presented with complaints that included back and knee pain. Pain level was not included. Physical examination was positive for abnormal findings. He walked with limp, unable to kneel or squat, tenderness on palpation, swelling in knee. The treatment plan included request for authorization for five ultrasound guided Supartz injections of the left knee, and follow-up in four weeks with x-ray. Disputed treatments include methocarbamol and hydrocodone/acetaminophen. The patient sustained the injury when he was loading item on a truck. The medication list include Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 500 mg tablet quantity 90.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
 Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
**ANTISPASMODICS:** Methocarbamol (Robaxin, Relaxin, generic available) Page(s): 64-65.

**Decision rationale:** Request: Methocarbamol 500 mg tablet quantity 90.00Methocarbamol is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Clinical records demonstrating muscle spasm were not specified in the records provided. The date of injury for this patient is 06/09/2010. Any evidence of acute pain was not specified in the records provided at this time. The long term use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines, Furthermore as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The medical necessity of the request for Methocarbamol 500 mg tablet quantity 90.00 is not medically necessary.

**Hydrocodone/Acetaminophen, 10/325mg #30:** 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 76-80CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids.

**Decision rationale:** Hydrocodone/Acetaminophen, 10/325mg #30. Hydrocodone/Acetaminophen, 10/325mg #30 contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of

opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone/Acetaminophen, 10/325mg #30 is not medically necessary.