

Case Number:	CM15-0076047		
Date Assigned:	04/27/2015	Date of Injury:	04/30/2007
Decision Date:	05/29/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/21/2015

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 56 year old male who sustained an industrial injury on 4/30/07 after bending over to reach for a vice experiencing a pulling sensation followed by low back pain. When he placed the vice on the table he experienced a popping sensation in the low back. He had x-rays and MRI of the lumbar spine and was given medication. He had physical therapy without benefit. In 2008 he had surgery and then trigger point injections without benefit. She currently complains of constant low back pain radiating to legs. His pain level is 6/10 with medication and 8/10 without medication. Rest decreases pain. Medications allow for participation in activities of daily living and functionality. Diagnoses include multi-level lumbar laminectomies L2-L5; L4-5 right foraminal stenosis; multi-level disc bulge L3-4; multi-level lumbar listhesis L4-5, L5-S1. Treatments to date include lumbar discogram at L2-3, L3-4, L4-5 and L5-S1; intradiscal cortisone injection at L2-3 and L3-4; trigger point injections to low back times three with no benefit; physical therapy with no benefit. Diagnostics include x-rays of the low back; nerve conduction study (3/25/13); MRI lumbar spine (5/21/13). In the progress note dated 1/29/15 does not specifically mention Percocet and methocarbimol and there is a request for a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, 1 tab four times a day Qty: 230 Refills 0: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his low back and lower extremity. The request is for PERCOCET 10/325MG #230. Per 01/29/15 progress report, "Pain level is 6/10 with medication and 8/10 without medication. Medication allows daily activities and function." Percocet and Methocarbamol are prescribed. The patient has been utilizing Percocet since at least 09/19/14. Work status is unknown. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (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. In this case, the treater documents analgesia with pain going from 8/10 to 6/10 and a general statement, stating, "Medication allows daily activities and function." But the treater does not address all 4 as required by MTUS guidelines. No specific ADL changes are noted showing significant functional improvement. No outcome measures are provided as required by MTUS. Urine drug screen is not mentioned either. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

Methocarbamol 750mg, 1 tab twice a day Qty: 60 Refills 0: 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): 63-66.

Decision rationale: The patient presents with pain and weakness in his low back and lower extremity. The request is for METHOCARBAMOL 750mg #60. Per 01/29/15 progress report, "Pain level is 6/10 with medication and 8/10 without medication." "Medication allows daily activities and function." Percocet and Methocarbamol are prescribed. Work status is unknown. The MTUS Guidelines page 63 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation with patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension. The MTUS guidelines support the usage of Robaxin for a short course of therapy, not longer than 2-3 weeks. In this case, the patient has been utilizing Methocarbamol since at least 09/19/14. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up's. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request IS NOT medically necessary.