

Case Number:	CM15-0077096		
Date Assigned:	04/28/2015	Date of Injury:	10/03/2011
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 42-year-old female who sustained a work related injury October 3, 2011. Past history included s/p spine surgery 2014. According to a physician's pain management progress report, dated February 16, 2015, the injured worker presented with continued low back pain and left leg pain. She is s/p left sacroiliac joint block 2/11/2105 of which she did not notice any short or long-term effects. Her pain is greater than before and most intense in the low back and area of her buttocks. She still has weakness in her legs and is using a walker for ambulation. Diagnostic impression included mechanical low back pain; lumbar sprain/strain; bilateral lower extremity pain; L4 and L5 radiculitis; left foraminal stenosis L4-L5; myofascial pain syndrome; lumbar spondylolisthesis and spondylolysis at L5-S1. Treatment plan included request for authorization for Robaxin and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycontin 10mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are mechanical low back pain; lumbar sprain/strain; bilateral lower extremity pain; left L4 and L5 radiculitis; foraminal stenosis at L4-L5; myofascial pain syndrome; lumbar spondylolisthesis and spondylosis at L5-S1. The oldest progress note in the medical record is dated September 4, 2014. The worker was taking Percocet 5/325 mg at that time. According to a progress note dated December 4, 2014, Percocet 5/325 mg was changed to OxyContin 10 mg. There was no objective functional improvement with ongoing Percocet. According to November 2014 and December 2014 progress notes, there were no VAS pain scales in the record. The injured worker complained of discomfort in the low back with difficulty performing activities of daily living (ADL). In a progress note dated February 16, 2015, the injured worker had the same subjective complaints with absent VAS pain scales as the November 2014 and December 2014 progress notes. Objectively, according to the February 16, 2015 progress note, the injured worker has tenderness palpation at the lumbar paraspinal muscle groups and lumbar spinous processes with decreased range of motion of the lumbar spine. There is no objective functional improvement documented in the medical record with ongoing OxyContin 10 mg. there are no risk assessments in the medical record. There are no detailed pain assessments associated with ongoing opiate use. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of OxyContin, absent risk assessments and detailed pain assessments (with ongoing opiate use), OxyContin 10 mg #60 is not medically necessary.

Robaxin 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Robaxin 500 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain

and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are mechanical low back pain; lumbar sprain/strain; bilateral lower extremity pain; left L4 and L5 radiculitis; foraminal stenosis at L4-L5; myofascial pain syndrome; lumbar spondylolisthesis and spondylosis at L5-S1. The oldest progress note in the medical record is dated September 4, 2014. The documentation shows Robaxin was prescribed as far back as September 4, 2014 (the earliest progress note in the medical record). The start date of Robaxin is unclear based on the available documentation. Robaxin is indicated for short-term (less than two weeks) treatment of acute low back pain on acute exacerbation of chronic low back pain. There is no documentation of acute back pain or an acute exacerbation of chronic low back pain in the medical record. Additionally, the treating provider exceeded the recommended guidelines for short-term use by continuing Robaxin in excess of 5 months. There is no documentation in the medical record indicating objective functional improvement with ongoing Robaxin. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Robaxin (five months) in excess of the recommended treatment guidelines for short-term use (less than two weeks), Robaxin 500 mg #60 is not medically necessary.