

<b>Case Number:</b>	CM15-0093563		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	11/22/2004
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 33 year old male, who sustained an industrial injury on 11/22/04. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbago, lumbar degenerative disc disease; bulging lumbar disc; postlaminectomy syndrome. Treatment to date has included chiropractic therapy, physical therapy; Detox therapy; medications. Currently, the PR-2 notes dated 3/31/15 indicated the injured worker has been denied all pain medications as prescribed by this office as well as a referral to a spinal surgeon and Suboxone therapy (for Detox) and an updated lumbar spine MRI with and without contrast for further evaluation of his worsening low back pain. He reports he has no significant relief of his muscle spasms in his back with Baclofen 10-20mg and previously failed Flexeril and defers to Soma which is of benefit. He is interested in addition/rotation to Oxycontin for better management of his worsening chronic pain. He has missed several days of work due to worsening low back pain and flare-ups. He also notes increased insomnia, shakiness, and muscle spasms due to continued flare-up of his pain. His pain level on this date is 7/10 with use of pain medications. The provider notes the injured worker is scheduled for a psychiatric evaluation for his worsening depression on 4/1/15 as he has failed several medication prescribed by this office for depression as they decreased in efficacy. The provider does also note the injured worker has failed Detox programs 5-6 times with the last one over a year ago. He continues to have uncontrolled pain with weaning/discontinuing his pain medications. The injured worker states he had good response to Suboxone therapy previously and paid for this out of pocket. The provider documents the injured worker has also failed lumbar epidural steroid injections, acupuncture and chiropractic therapy.

Spinal surgeons stated there was nothing more to offer him after his status post lumbar fusion. He is young, still working a very labor intensive job which is physically demanding with long hours; a single father to a very young son. The physical examination includes neck with decreased range of motion in all axis with pain more on extension, tender posteriorly with radiation into superior thoracic spine. Lumbar spine examination notes tenderness on palpation with decreased range of motion and ambulates slowly with steady gait without use of devices. The provider is requesting Robaxin 500mg #90 and Methadone 10mg #240.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Robaxin 500mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics (Robaxin) - Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Robaxin, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Robaxin is not medically necessary.

#### **Methadone 10mg #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for methadone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and there is evidence of aberrant use including overuse of medications, use of medications not prescribed, and failed urine drug screens. As such, there is

no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested methadone is not medically necessary.