

<b>Case Number:</b>	CM15-0096076		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	02/10/1999
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Massachusetts

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 73 year old female, who sustained an industrial injury on 2/10/99. She reported pain in her neck, lower back and right shoulder. The injured worker was diagnosed as having cervical disc disorder, bilateral shoulder pain, chronic back pain and neck pain. Treatment to date has included an EMG/NCS on 10/25/13, a radiofrequency ablation, aqua therapy and a lumbar MRI. Current medications include Norco, Senna and Robaxin (since at least 12/2014) and Lidoderm patch, Docusate Sodium and Trazodone. On 12/11/14, the injured worker rated her pain 4/10 with medications and 9/10 without medications. Subsequent progress notes do not indicate a change in pain level. As of the PR2 dated 3/5/15, the injured worker reports pain in her lower back. She rates her pain 4/10 with medications and 9/10 without medications. Objective findings include lumbar flexion 75 degrees, extension 10 degrees and lateral 15 degrees bilaterally. The treating physician requested Norco 10/325mg #120 x 2 refills, Senna #90 x 5 refills and Robaxin 750mg #120mg x 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 120 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work injury and February 1990 continues to be treated for low back pain. Medications are referenced as decreasing pain from 9/10 to 4/10 and allowing for improved activity tolerance and ability to perform activities of daily living. When seen, there was decreased lumbar spine range of motion. There was lumbar paraspinal muscle tenderness with spasm and positive facet loading. She had decreased lower extremity strength and sensation. Norco was being prescribed at a total MED (morphine equivalent dose) 40 mg per day. Robaxin was being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone /acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and improved activity levels. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

**Senna Qty 90 with 5 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL ([www.drugs.com](http://www.drugs.com)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

**Decision rationale:** The claimant sustained a work injury and February 1990 continues to be treated for low back pain. Medications are referenced as decreasing pain from 9/10 to 4/10 and allowing for improved activity tolerance and ability to perform activities of daily living. When seen, there was decreased lumbar spine range of motion. There was lumbar paraspinal muscle tenderness with spasm and positive facet loading. She had decreased lower extremity strength and sensation. Norco was being prescribed at a total MED (morphine equivalent dose) 40 mg per day. Robaxin was being prescribed on a long-term basis. Senna is used in the treatment of constipation. In this case, the claimant is taking opioid medication on a long-term basis with benefit. Guidelines recommend prophylactic treatment of opioid induced constipation. Therefore this request was medically necessary.

**Robaxin 750 mg Qty 120 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Methocarbamol (Robaxin), p65.

**Decision rationale:** The claimant sustained a work injury and February 1990 continues to be treated for low back pain. Medications are referenced as decreasing pain from 9/10 to 4/10 and allowing for improved activity tolerance and ability to perform activities of daily living. When seen, there was decreased lumbar spine range of motion. There was lumbar paraspinal muscle tenderness with spasm and positive facet loading. She had decreased lower extremity strength and sensation. Norco was being prescribed at a total MED (morphine equivalent dose) 40 mg per day. Robaxin was being prescribed on a long-term basis. Robaxin is a muscle relaxant in the antispasmodic class. Although its mechanism of action is unknown, it appears to be related to central nervous system depressant effects with related sedative properties. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Its efficacy may diminish over time, and prolonged use may lead to dependence. In this case, Robaxin has been prescribed on a long-term basis and appears ineffective as the claimant has ongoing symptoms and physical examination findings as discussed above. Continued prescribing is not medically necessary.