

<b>Case Number:</b>	CM14-0001304		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	11/07/2004
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53 year old male who reported an injury on 11/07/2004. The injured worker reported the mechanism of injury to be related to operating a chainsaw that reportedly jammed and buckled. A physical evaluation on 11/06/2013 found the injured worker who was status post right shoulder total arthroplasty; complaining of constant aching and throbbing sensation to his right shoulder with intermittent tingling that radiated down to his elbow and into his hand. The injured worker stated that Robaxin, MS Contin and Percocet had been effective in decreasing his pain and allowed him to continue working. The physical examination of the right shoulder included normal findings with muscle strength, range of motion was without evidence of impingement or limitation with internal rotation of 70 degrees and external rotation of 90 degrees but pain was noted with range of motion. The medications used to manage pain were refilled and the injured worker was instructed to follow up in 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325 MG # 240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

**Decision rationale:** The request for Percocet 10/325mg #240 is non-certified. The CA MTUS Chronic Pain Medical Treatment Guidelines for Opioids On-Going Management includes review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The most recent clinical evaluation did not adequately address the injured worker's pain relief with the medication use or any side effects. There was a lack of evidence of significant objective functional improvement with the medication. The pain assessment is lacking the current pain, least pain, average pain, intensity of pain or how long until relief is achieved. There was not a urine drug screen submitted with the documents for review. Due to lack of supportive clinical management recommended by the guidelines for Percocet, the request is not medically necessary or appropriate.

**ROBAXIN 750 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines for Muscle Relaxants state these drugs should be used with caution. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. The most recent clinical evaluation does not indicate a first line of muscle relaxant or a previous intolerance. The medication requested is considered a medication to use with caution according to the guidelines and should only used as a second line of treatment. There was a lack of documentation of significant spasms upon physical examination. There was a lack of evidence of significant objective functional improvement with the medication. Due to a lack of documentation to support the recommendations under the guidelines the request for Robaxin is not medically necessary or appropriate.