

Case Number:	CM14-0143217		
Date Assigned:	09/19/2014	Date of Injury:	04/16/1984
Decision Date:	10/21/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/04/2014

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 Family Medicine, and is licensed to practice in Texas and Georgia. 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 30-year-old male who reported an injury on 04/16/1984. The mechanism of injury was not provided. On 07/29/2014, the injured worker presented with low back pain. Current medications included MS Contin and Robaxin. Upon examination of the lumbar spine, there was a healed longitudinal incision overlying the lumbar spine and tenderness noted to the bilateral lumbar paraspinal regions. There was spasm noted over the right lumbar paraspinal region. Deep tendon reflexes of the lower extremities were 2+/4 and symmetrical bilaterally. There was 4/5 motor strength in the right long toe extension. The diagnoses were lumbar degenerative disc disease, chronic low back pain, bilateral sciatic symptoms and pain related insomnia. The provider recommended Robaxin and MS Contin ER; the provider's rationale was not provided. The Request for Authorization form was not included the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #15, 1 refill: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There is lack of documentation of the efficacy of the prior use of the medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. The provider's request for Robaxin #15 and 1 refill exceeds the guideline recommendation for short term treatment. As such, the request is not medically necessary.

MS Contin ER 100mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80,93,124.

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

Decision rationale: The request for MS Contin ER 100mg #180 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse, behaviors, and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.