

Case Number:	CM14-0148595		
Date Assigned:	09/18/2014	Date of Injury:	06/24/2013
Decision Date:	10/22/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/12/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 70-year-old female who reported an injury on 06/24/2013. The mechanism of injury was the injured worker was working as a nurse's aide when she was pulling the emergency cot to get in position and as she turned she felt back pain. The injured worker's medications included Celebrex, Flexeril, and Norco. The diagnostic studies included an MRI of the lumbosacral spine and x-rays of the pelvis. The surgical history was not contributory. Prior therapies included physical therapy, medications, exercise, massage, ice, and heat. The injured worker underwent urine drug screens. The injured worker's medications included opiates as of 05/20/2014. The injured worker was utilizing muscle relaxants since at least mid-2013. The documentation of 08/28/2014 revealed the injured worker had complaints of pain in the low back with radiation to the bilateral lower extremities. The injured worker's pain without medication was 10 and with medication was 4. The physical examination revealed the injured worker had tenderness in the lumbosacral spine and paraspinal musculature from L3-S1 and was tender in the bilateral hips. The range of motion of the lumbosacral spine was painful on flexion, extension, and lateral rotation, however, it was within normal limits. The straight leg raise was negative. Muscle strength was 5/5 in the bilateral upper and lower extremities. Sensation was intact. Deep tendon reflexes were intact. The diagnoses included chronic low back pain, degenerative disc disease of the lumbosacral spine, mild central canal stenosis at L4-5 and L5-S1, and bilateral osteoarthritis of the hips. The treatment plan and discussion included as the injured worker had a pain contract on file, Norco 5/325 mg 1 by mouth twice a day as needed for pain and Robaxin 550 mg #30 were dispensed along with a prescription of Celebrex 200 mg #30 one daily as needed with 2 refills. The treatment plan additionally included a continuation of aqua therapy and a home exercise program. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 8/28/14 Robaxin #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, updated 08/04/2014

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least mid-2013. There was a lack of documentation of objective functional benefit and exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and strength for the requested medication. Given the above, the request for retrospective for date of service 08/28/2014 Robaxin #30 is not medically necessary.

Robaxin #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, updated 08/04/2014

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Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least mid- 2013. There was a lack of documentation of objective functional benefit and exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and strength for the requested medication. Given the above, the request for Robaxin #30 is not medically necessary.

Retrospective for date of service 8/28/14 Norco #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain. The duration of use was since at least mid-2013. There was a lack of documentation of objective functional improvement, and if the injured worker had side effects. The injured worker was being monitored through urine drug screens and there was an opiate contract on file. This request would be supported. However, the request as submitted failed to indicate the frequency and strength. Given the above, the request for retrospective for date of service 08/28/2014 Norco #60 is not medically necessary.

Norco #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain. The duration of use was since at least mid-2013. There was a lack of documentation of objective functional improvement, and if the injured worker had side effects. The injured worker was being monitored through urine drug screens and there was an opiate contract on file. This request would be supported. However, the request as submitted failed to indicate the frequency and strength. Given the above, the request for retrospective for Norco #60 is not medically necessary.