MAXIMUS Federal Services

| Case Number: | CM13-0023968 | | |
|---|---|---|---|
| Date Assigned: | 12/11/2013 | Date of Injury: | 11/02/2008 |
| Decision Date: | 02/10/2014 | UR Denial Date: | 09/09/2013 |
| Priority: | Standard | Application Received: | 09/13/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient was a 58 year old male who was seen has a surgical history of a lumbar fusion in 2009 with a lumbar extension in 2010, cervical fusion in 2008. He underwent a hardware removal on 10/02/2012, right shoulder arthroscopy, right and left carpal tunnel releases, and left ulnar nerve decompression. The patient had a medical history of duodenal ulcers, and gastritis. Patient was declared at maximum medical improvement 05/28/2013. On 09/12/2013 the patient complained of lower back pain that he found tolerable. The patient was documented to taper Norco 10/325 prn for severe pain it was documented that he had several refills pending at the pharmacy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One refill of Norco 10/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco . Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2013 Pain Chapter Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76.

**Decision rationale:** The request for one refill of Norco 10/325mg #60 is non-certified. The patient was declared to be at maximum medical improvement. There were no goals of improvement of function nor were there any objective findings of overall improvement in the patient submitted for review. Guidelines recommend discontinuation of opioids if there is no overall improvement in function. The patient was retired and was not scheduled to return to work. There was no objective findings of improvement to the patient's pain. Guidelines recommend the continuation of medication in patients who return to work and the patient has improved functioning and pain. The patient's pain was documented as tolerable. The patient was on a taper schedule and was documented to have multiple refills of Norco pending. Therefore the request seems premature in nature. Given the information submitted for review the request for one refill of Norco 10/325mg #60 is non-certified.

**One refill of Metaxalone 800mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone Page(s): 61.

**Decision rationale:** The request for one refill Metaxalone 800mg, #30 is non-certified. The patient was declared at maximum medical improvement. The patient had been on Metaxalone for unspecified period. The documentation submitted for review notes Metaxalone as a medication from 05/28/2013 through 09/12/2013. No current documentation submitted for review recommends the medication as part of the plan of care. The patient had no documented alternative options submitted for review. The guidelines recommend the use of Metaxalone with caution as a second-line option for short-term pain relief in patients with chronic LBP. Given the information submitted for review the request for one refill Metaxalone 800mg, #30 is non-certified.