

Case Number:	CM13-0026771		
Date Assigned:	01/22/2014	Date of Injury:	10/23/2002
Decision Date:	04/25/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/19/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on October 23, 2002. Thus far, the applicant has been treated with analgesic medications, long- and shortacting opioids, muscle relaxants, prior lumbar fusion surgery, and the imposition of permanent work restrictions. The applicant is not working. In an appeal letter dated August 23, 2013, the attending provider set forth a request to continue the usage of Skelaxin, Norco, Kadian, and an H-Wave unit. The attending provider writes that the applicant remains active by stretching, performing home exercises, walking his dogs, and performing house tasks. The attending provider writes that usage of the medications in question apparently facilitates the applicant's ability to perform these non-work tasks. An earlier note of October 11, 2013 is notable for comments that the applicant is on Neurontin, Kadian, Norco, and Skelaxin. The applicant states that his activity level is diminished and his pain increased as a result of previous denial of medications. The applicant exhibits diminished lower extremity strength and an antalgic gait with an elevated blood pressure of 170/100. Norco is again renewed for breakthrough pain and Skelaxin renewed for muscle spasms. A rather proscriptive 15-pound lifting limitation is endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

150 NORCO 10/325MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduce pain effected as a result of ongoing opioid usage. In this case, the attending provider has stated that the applicant is able to perform activities of daily living, including walking his dog, moving about the home, perform other activities of daily living, perform housecleaning chores, home exercises, etc., as a result of ongoing Norco usage. The applicant is deriving appropriate analgesia as a result of the same, it is further noted. Thus, continuing Norco is indicated and appropriate. Therefore, the request is certified.

120 SKELAXIN 800MG: Upheld

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

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Skelaxin are recommended with caution as a second-line option for short-term treatment of acute exacerbations in applicants with chronic low back pain. In this case, however, the 120-tablet supply of Norco being sought by the attending provider implies that the applicant is using Skelaxin on a regular, sustained, and scheduled basis. This is not indicated, particularly when used in conjunction with the applicant's numerous other analgesic and adjuvant medications, including Kadian, Norco, Neurontin, etc. Therefore, the request remains non-certified.