

Case Number:	CM13-0045402		
Date Assigned:	04/02/2014	Date of Injury:	08/01/2011
Decision Date:	06/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 50-year-old male who reported an injury on 08/01/2011. The mechanism of injury was not specifically stated. The current diagnoses include lumbalgia and osteoarthritis. The injured worker was evaluated on 12/10/2013. The injured worker reported persistent lower back pain rated 7-9/10. Current medications include Lidoderm 5% patch, Norco 10/325 mg, Gabapentin 300 mg, and tizanidine 4 mg. Physical examination revealed myofascial tenderness, paravertebral facet tenderness, spasm, and decreased range of motion with positive facet loading maneuver. Treatment recommendations included prescriptions for Norco, Gralise, Skelaxin, and tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RETROSPECTIVE REQUEST FOR SKELAXIN 800 MG WITH A DATE OF SERVICE OF 10/15/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANT SECTION, Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS, Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the documentation submitted, the patient has utilized Skelaxin 800 mg since 08/2013. Despite ongoing use of this medication, the injured worker continues to demonstrate palpable muscle spasm. As California MTUS Guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. There is also no frequency or quantity listed in the current request. As such, the request is non-certified.

A RETROSPECTIVE REQUEST FOR GRALISE 600 MG WITH A DATE OF SERVICE OF 10/15/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPTIC DRUGS,GABAPENTIN (NEURONTIN), Page(s): 16-18, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPTIC DRUGS, Page(s): 16.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. The injured worker has utilized gabapentin 600 mg since 08/2013. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency or quantity listed in the current request. As such the request is non-certified.

RETROSPECTIVE REQUEST FOR NORCO 10/325MG #120, WITH A DATE OF SERVICE OF 10/15/2013:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since 02/2013. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is non-certified.