

Case Number:	CM13-0050620		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2000
Decision Date:	03/11/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 is a 55-year-old male who reported an injury on 02/15/2000. The patient is diagnosed with low back pain with bilateral sciatica, severe lumbar disc degeneration with spondylolisthesis, severe left L5-S1 radiculopathy, anxiety, and chronic opioid medication management. The patient was seen by [REDACTED] on 10/22/2013. The patient reported 7/10 low back pain with radiation to the left lower extremity. The patient also reported ongoing spasm over the lumbar spine. Physical examination revealed tenderness to palpation, decreased sensation, and positive straight leg raising on the left. Treatment recommendations included continuation of current medication including Norco, gabapentin, and Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150 x1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Baseline pain and

functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report lower back pain with radiation to bilateral lower extremities. The patient's physical examination continues to reveal tenderness to palpation, weakness, decreased sensation, and positive straight leg raising. As satisfactory response to treatment has not been indicated, the current request is not medically appropriate. Therefore, the request is non-certified.

Skelaxin 800mg #30: Upheld

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

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

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 dependence. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain and spasm over the lumbar spine. There was no documentation of palpable muscle spasm, spasticity, or muscle tension upon physical examination on the requesting date of 10/22/2013. As guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. Therefore, the request is non-certified.