

Case Number:	CM13-0052252		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2000
Decision Date:	03/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	10/31/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 is a 55-year-old male who reported an injury on 02/15/2000. Review of the medical record reveals the patient's diagnoses include low back pain with bilateral sciatica, left greater than right; severe lumbar disc degeneration, L5-S1 with spondylolisthesis and new left L4-5 large disc herniation; severe left L5-S1 radiculopathy; anxiety; and chronic opioid medication management status post completion of pain management agreement, and status post discussion of risk, benefits, and goals with medication management. The most recent clinical note dated 12/09/2013 revealed the patient states the use of the Norco enables him to walk longer and sit longer up to 15 to 20 minutes. He states that the use of Norco decreases his back and leg pain from 9/10 to 10/10 to 5/10 to 6/10. He states the use of the Norco helps him sleep at night. The patient states that in regards to Skelaxin, he uses it at night, and not throughout the day. He states the Skelaxin reduces his muscle spasms, allows him to sleep better.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg #150 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: California MTUS Guidelines state that ongoing management of pain with the use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There should also be pain assessments which should include current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. As there is subjective documentation of the patient having benefits from the use of the requested medication, there is no objective documentation of any functional increases for the patient. Also, no pain assessments provided in the medical record as recommended by California MTUS Guidelines. The patient continues to have significant pain which he rates 5/10 to 6/10 with the use of the requested medication. As such, the medical necessity for continued use of Norco 10/325 cannot be determined as this time and the request for prescription for Norco 10/325 mg #150 with one refill is non-certified.

Prescription of Skelaxin 800mg #60 with one refill: Upheld

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

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

Decision rationale: California MTUS Guidelines state that muscle relaxants are recommended with caution as a second line option for short-term treatment for acute exacerbation in patients with chronic low back pain. However, in low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The requested medication is recommended for short-term use, and the patient has been taking the requested medication for an extended amount of time with continued complaints of pain rated 5/10 to 6/10, and no objective findings documented of any functional gain for the patient, the medical necessity for continued use of Skelaxin 800 mg cannot be determined at this time and the request for Skelaxin 800 mg #60 with one refill is non-certified.