

<b>Case Number:</b>	CM13-0054095		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/12/2004
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 and paresthesias reportedly associated with and industrial injury of March 12, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier lumbar fusion surgery; epidural steroid injection therapy; and muscle relaxants. In an April 22, 2013 progress note, the applicant is described as reporting 2/10 pain. She is on Celebrex, Motrin, and Tylenol. She states that she will be running a marathon in six months. She exhibits a normal gait. Her BMI is 20. Further epidural steroid injection therapy is sought. On September 18, 2013, the applicant underwent an L5-S1 lumbar fusion surgery. In a Utilization Review Report of October 9, 2013, the claims administrator denied request for metaxalone (Skelaxin), Percocet, and morphine. The applicant's attorney subsequently appealed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METAXALONE, DOS: SEPTEMBER 20, 2013:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** As noted in the California MTUS-adopted ACOEM Guidelines muscle relaxants are considered "optional" in the treatment of low back pain, as is present here. In this case, the request for metaxalone or Skelaxin, a muscle relaxant, was issued two days after the applicant underwent earlier lumbar spine surgery on September 18, 2013. Usage of Skelaxin, a muscle relaxant, was indicated for postoperative pain relief purposes. Therefore, the request is certified.

**OXYCODONE/ACETAMINOPHEN, DOS: SEPTEMBER 20, 2013:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** As noted in the California MTUS-adopted ACOEM Guidelines, a short course of opioid is considered "optional" in the treatment of low back pain. In this case, the date of service is two days after the applicant underwent a spinal fusion surgery on September 18, 2013. Postoperative usage of opioids such as Percocet (oxycodone-acetaminophen) is indicated and appropriate, as a short course, as suggested by the ACOEM guidelines. Therefore, the request is certified, on Independent Medical Review.

**MORPHINE SULFATE, DOS: SEPTEMBER 20, 2013:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** As noted in the California MTUS-adopted ACOEM Guidelines a short course of opioid is considered "optional" in the treatment of low back pain. In this case, the applicant could be reasonably inferred to be having issues with pain control as of the date of the request, September 20, 2013, which was, it is incidentally noted, two days after the applicant underwent spine surgery on September 18, 2013. A short course of opioid is indicated as of the date of the request, September 20, 2013. Therefore, the request is certified, on Independent Medical Review.