

Case Number:	CM14-0001391		
Date Assigned:	01/22/2014	Date of Injury:	06/04/2008
Decision Date:	07/07/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/03/2014

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 patient is a 50-year-old male who has submitted a claim for neck pain, associated with an industrial injury date of June 4, 2008. Medical records from 2012 through 2014 were reviewed. The latest progress report, dated 12/16/2013, showed neck pain with difficulty with lateral rotation to the left more than lateral rotation to the right. Physical examination revealed tenderness of the left posterior neck, occipital ridge, and left shoulder. Treatment to date has included physical therapy and medications, which include Norco since 2012, Nabumetone since 2012, and Skelaxin since 2013. A utilization review from 12/27/2013 denied the requests for the purchase of Tramadol 50mg #180 with 3 refills, Kior-Con 10meq extended release #60 with 3 refills, Norco 10/325mg x 3refills and Skelaxin 800mg #90 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG X3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 79-81.

Decision rationale: According to pages 79-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been on Norco since 2012. However, he continues to experience persistent neck pain with no documentation of pain relief with opioid use. In addition, there is no improvement of the functional activities noted. The guidelines require clear and concise documentation for continuing opioid management. Moreover, there is no specified quantity of Norco to be dispensed. Therefore, the request for a pharmacy purchase of Norco 10/325mg x 3 refills is not medically necessary.

SKELAXIN 800MG #90 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63.

Decision rationale: According to page 63 of the MTUS Chronic Pain Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In this case, patient has been on Skelaxin since June 2013. He continuously takes Nabumetone since 2012, which would have no significant benefits if combined with Skelaxin, as stated above. The medical necessity has not been established as long-term use is not recommended. Moreover, recent progress reports failed to document presence of muscle spasm that may warrant its use. Therefore, the request is not medically necessary.

Tramadol 50mg #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: The patient is a 50-year-old male who has submitted a claim for neck pain, associated with an industrial injury date of June 4, 2008. Medical records from 2012 through 2014 were reviewed. The latest progress report, dated 12/16/2013, showed neck pain with difficulty with lateral rotation to the left more than lateral rotation to the right. Physical examination revealed tenderness of the left posterior neck, occipital ridge, and left shoulder. Treatment to date has included physical therapy and medications, which include Norco since 2012, Nabumetone since 2012, and Skelaxin since 2013. A utilization review from 12/27/2013

denied the requests for the purchase of Tramadol 50mg #180 with 3 refills, Klor-Con 10meq extended release #60 with 3 refills, Norco 10/325mg x 3refills and Skelaxin 800mg #90 3 refills.

Klor-Con 10meq extended release #60 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Thiazide Diuretics, Hypokalemia, and Cardiac Arrhythmias, Acta Med Scand Suppl. 1981;647:67-73. (<http://www.ncbi.nlm.nih.gov/pubmed/6942642>).

Decision rationale: The MTUS does not specifically address this topic. An article entitled "Thiazide Diuretics, Hypokalemia, and Cardiac Arrhythmias" was used instead. Thiazide diuretics are widely accepted as the cornerstone of antihypertensive treatment programs. Hypokalemia is a commonly encountered metabolic consequence of chronic thiazide therapy. The occurrence of premature ventricular contraction correlated significantly with the fall in serum potassium. The patient was diagnosed with a case of hypertension and is on hydrochlorothiazide since 2013. A prescription of potassium supplements is necessary to prevent hypokalemia, a known adverse effect of thiazide therapy. The medical necessity was established. Therefore, the request is medically necessary.