MAXIMUS Federal Services

Case Number:	CM14-0011782		
Date Assigned:	02/21/2014	Date of Injury:	09/30/1996
Decision Date:	08/08/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/29/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas & Ohio. 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 54-year-old male who reported an injury on 09/30/1996. The mechanism of injury was not provided within the medical records. The clinical note dated 12/19/2013 indicated diagnoses of displacement lumbar intervertebral disc without myelopathy, insomnia unspecified, postlaminectomy syndrome lumbar region, unspecified meningitis, depressive disorder not elsewhere classified, sacroilitis not elsewhere classified, ankylosing spondylosis, and thoracic/lumbosacral neuritis/radiculitis unspecified. The injured worker reported pain in the low back, left lower extremity, and occasionally in the right lower extremity. The injured worker reported the pain was constant, aching, hot, burning, and stabbing. The injured worker reported the pain was intermittently numbing and radiated to the left lower extremity. He rated his pain at 7/10. The injured worker reported bending, changing positions, lying flat, lifting, sitting, standing and turning side to side exacerbated his pain. The injured worker reported taking medication and resting alleviated some of the pain. The injured worker used a cane as an assistive device. On physical examination, the lumbar range of motion was decreased. There was tenderness to palpation of the lumbar facet with pain on both sides at L3-S1. The injured worker had decreased sensation on the right L4-5 back examination with decreased sensation on the left L4-5. The injured worker had pain to erector spine L3-5; palpable myofascial bend L3-5 multifidus; visible; atrophy of the left lower extremity; and pain with palpation to the left multifidus muscle. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Roxicodone, Flector transdermal patch, ibuprofen, Prevacid, and Skelaxin. The provider's submitted a request for Roxicodone, ibuprofen and Skelaxin. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ROXICODONE 15MG, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Prescription Of Roxicodone 15MG, #240 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker has been prescribed Roxicodone since at least 06/24/2013. This exceeds the guideline recommendations for short-term use. In addition, there is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risks for aberrent drug use behaviors and side effects. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request for Roxicodone is not medically necessary.

PRESCRIPTION OF IBUPROFEN 800MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Prescription of Ibuprofen 800mg, #30 is not medically necessary. The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has been prescribed ibuprofen since at least 06/24/2013. This exceeds the guideline recommendations for short-term use. In addition, there was a lack of documentation of the efficacy and functional improvement with the use of this medication. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request for ibuprofen 800 mg 30 tablets is not medically necessary.

PRESCRIPTION OF SKELAXIN 800 MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-SEDATING MUSCLE RELAXANTS Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant, Skelaxin Page(s): 61.

Decision rationale: The request for Prescription Of Skelaxin 800 MG, #120 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. Skelaxin is a muscle relaxant that is reported to be relatively non-sedating. The injured worker has been prescription Skelaxin since at least 06/24/2013. This exceeds the guideline recommendations for short-term use. In addition, this is a muscle relaxant and in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The injured worker is already on NSAID therapy. Moreover, there was a lack of documentation of the efficacy and functional improvement with the use of this medication. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.