

Case Number:	CM14-0155696		
Date Assigned:	09/25/2014	Date of Injury:	05/14/2001
Decision Date:	10/27/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/23/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 52-year-old male who reported an injury on 05/14/2001. The mechanism of injury was not specified. His diagnoses were degenerative lumbar disc disease, chronic pain syndrome and lumbosacral radiculitis. His past treatments included chiropractic treatment and home exercise program. His previous diagnostics were noted as x-rays of the lumbar spine, along with MRIs of the lumbar spine. His surgical history was not specified. On 08/06/2014, the injured worker complained of low back pain radiating down his left leg to his heel and right leg to the knee. He rated his pain at 5/10 to 7/10. It was noted that he reported that his current medication dosage did not control his pain adequately throughout the day. The physical examination revealed that the range of motion in all planes was limited by 50% with pain. He also had numbness/decreased sensation to touch in the left shin and calf and right thigh. His medications were noted as Vicodin 5/300 mg, Colace 250 mg and Skelaxin 800 mg. The treatment plan was for Vicodin 5/300 mg 60 count and Skelaxin 800 mg 15 count. The rationale for the request was that the injured worker reportedly was able to perform his activities of daily living with the medication. The Request for Authorization form was submitted on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-80.

Decision rationale: Based on the clinical information submitted for review, the request for Vicodin 5/300 mg 60 counts is not medically necessary. As stated in the California MTUS Guidelines, long term effectiveness of opioids for chronic back pain is unclear, but they seem to be effective, but limited for short term pain relief. Ongoing use of opioids should include continuous documentation of pain relief, functional improvement, appropriate medication use and side effects. Also, a detailed pain assessment should be done at every office visit, which includes current pain at the time of visit; 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 pain relief lasts. The injured worker reported constant low back pain that was tingling, numbing and burning and rated it at 5/10 to 7/10. He reported that his current medication dosage did not control his pain adequately throughout the day. Although it was noted that the injured worker was able to perform his activities of daily living with the pain medication, there was insufficient documentation that showed pain relief with the medications. Furthermore, the guidelines indicate that there should be a detailed pain assessment performed at every visit; however, there was a lack of clinical notes submitted that showed evidence of a detailed pain assessment. Also, there should be continuous documentation of appropriate medication use to include a recent urine drug screen with results to check for medication compliance, which it was unclear as to when his last urine drug screen was. The request failed to provide the frequency of the medication as prescribed. As such the request for Vicodin 5/300 mg 60 count is not medically necessary.

Skelaxin 800mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Metaxalone (Skelaxin), Page(s): 63; 61.

Decision rationale: Based on the clinical information submitted for review, the request for Skelaxin 800 mg 15 count is not medically necessary. As stated in the California MTUS Guidelines, Skelaxin is recommended with caution as a second line option for short pain relief in patients with chronic low back pain. Also, it is noted that in most low back pain cases, muscle relaxants failed to show benefit beyond NSAIDs in pain and overall improvement. The effectiveness of this medication appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The injured worker reported low back pain that radiated down his left leg to his heel and right leg to his knee. He also reported that his current medication dosage did not control his pain adequately throughout the day. It was noted on 04/08/2014 that the injured worker was provided with samples of Skelaxin 800 mg for severe spasms; however, there was a lack of followup documentation that showed any improvement in his functional status or pain. It was unclear if the injured worker had tried any other medications to include NSAIDs as it is documented in the guidelines that muscle relaxants show no benefit

beyond NSAIDs in pain and overall improvement. Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for Skelaxin 800 mg 15 counts is not medically necessary.