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| Case Number: | CM14-0164278 | | |
| Date Assigned: | 10/09/2014 | Date of Injury: | 06/30/1986 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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 Family 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:

This is a 58 year old claimant sustained a work injury on June 30, 1986 involving the low back. He was diagnosed with chronic pain secondary to multiple trauma and insomnia related to the pain. Since at least August 2013 his pain had been managed with MS Contin, Vicodin Lortabs and Skelaxin. Progress note on August 25, 2014 indicated the claimant at 8/10 pain without medications and 5/10 pain with medications. He remained on MS Contin 30 mg TID, Norco 10/325mg -8 times daily, Relafen and Skelaxin. Exam findings were notable for a limping gateway favoring to the right side and walking slow with a cane. He was to continue on his medications (refills for 5 months given) and an authorization was requested for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription request for Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over a year in combination with Morphine. The total daily dose prescribed exceeded the daily 120 mg of morphine equivalent suggested by the guidelines. The request for Norco is not medically necessary.

1 prescription request for Skelaxin 800mg #90 with 5 refills: Upheld

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

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

Decision rationale: Skelaxin is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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 of some medications in this class may lead to dependence. In this case, the claimant had been on Skelaxin for over a year in combination with high dose opioids with persistent symptoms. The request for Skelaxin is not medically necessary.