

Case Number:	CM14-0093945		
Date Assigned:	07/25/2014	Date of Injury:	12/14/2007
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/19/2014

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 and is licensed to practice in Texas. 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 48-year-old female who reported an injury on 12/14/2007. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar disc herniation and thoracic radiculopathy. The previous treatments included medication. Within the clinical note dated 03/26/2014, it was reported the injured worker complained of back pain. She rated her pain 9.5/10 in severity. Upon the physical examination, the provider noted the injured worker to have normal spine, normal muscle tone, and alert and oriented. The provider requested for Exalgo, Percocet, and Skelaxin. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 16mg #90: Upheld

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

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 Exalgo 16 mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 03/2014. Additionally, the use of a urine drug screen was not provided for clinical review. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Percocet 7.5/325mg #180: Upheld

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

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 Percocet 7.5/325 mg #180 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 03/2014. Additionally, the use of a urine drug screen was not provided for clinical review. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Skelaxin 800mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page(s) 63, 64 Page(s): 63-64.

Decision rationale: The request for Skelaxin 800 mg #180 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with question as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker has been utilizing the medication for an extended period of time, since at least 03/2014, which exceeds the guideline recommendation of short-term use of 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.