

Case Number:	CM14-0189245		
Date Assigned:	11/17/2014	Date of Injury:	01/16/2002
Decision Date:	01/06/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 53 year old male who was injured at work on 01/16/2002. He is reported to be complaining that his medications are no longer helping his low back pain. The physical examination revealed tenderness of the lumbar paraspinal muscles and facet tenderness at L2 to S1; healed midline scar on the lumbar region, positive Kemp's test bilaterally; and limited range of motion of the lumbar spine. The worker has been diagnosed of chronic pain, status post lumbar fusion, status post lumbar hardware removal, lumbar facet syndrome, displacement of lumbar intervertebral disc without myelopathy, and lumbago. Treatments have included Motrin, Skelaxin and Norco. At dispute are the requests for Norco 10/325mg #90 and Skelaxin 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #90. This is based on the fact that the 09/8/2014 urine drug screen tested positive for MDA, a controlled substance which was not among the drugs prescribed during the 08/2014 visit; he reported the pain medications are no longer helping. The MTUS guidelines recommend discontinuing treatment if there is no overall improvement in pain and function, or if there is evidence of illegal activity. Therefore, the requested treatment is not medically necessary.

Skelaxin 800mg #90: Upheld

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

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

Decision rationale: The medical records provided for review do not indicate a medical necessity for Skelaxin 800mg #90. The MTUS guidelines recommend this medication with caution as a second-line option for short-term pain relief in patients with chronic low back pain; but the records indicate the injured worker was given a prescription for a one month supply (90 tablets) since 08/2014, and he is being prescribed another 90 tablets. Therefore, the requested treatment is not medically necessary.