

<b>Case Number:</b>	CM14-0202347		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	01/02/2009
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 66 year old male sustained work related industrial injuries on January 2, 2009. The mechanism of injury involved a slip and fall on concrete. The injured worker subsequently complained of neck, lower back, bilateral shoulders, left elbow pain and hearing loss. Treatment consisted of diagnostic studies, prescribed medications, home exercise therapy, consultation and periodic follow up visits. Per treating provider report dated November 18, 2014, physical exam revealed discrete tender trigger points over his neck, posterior shoulders, and lower back. Pain level was a 7/10, unchanged from previous visit. Documentation noted that the injured worker will advance his home exercise program and lose weight. As of November 18, 2014, the injured worker remains at a maximum medical improvement. The treating physician prescribed services for Norco 10/325 mg # 60 and Skelaxin 800 mg # 60 now under review. On November 25, 2014, the Utilization Review (UR) evaluated the prescription for Norco 10/325 mg # 60 and Skelaxin 800 mg # 60 requested on November 18, 2014. Upon review of the clinical information, UR modified the request to Norco 10/325 mg # 30 for weaning purposes, noting the lack of functional improvement from medication and the recommendations of the MTUS Guidelines. UR noncertified the request for Skelaxin 800 mg # 60, noting non recommendation for long term use, according to MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-80.

**Decision rationale:** This injured worker has chronic back, neck and shoulder pain with an injury sustained in 2009. The medical course has included numerous treatment modalities including use of several medications including narcotics and muscle relaxants. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 11/14 fails to document any significant improvement in pain, functional status or a discussion of side effects to justify use. Additionally, per the guidelines, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records.

**Skelaxin 800 mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 63-66.

**Decision rationale:** This injured worker has chronic back, neck and shoulder pain with an injury sustained in 2009. The medical course has included numerous treatment modalities including use of several medications including narcotics and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 11/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of Skelaxin is not substantiated in the records.