

Case Number:	CM14-0208036		
Date Assigned:	12/22/2014	Date of Injury:	02/24/2004
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 49 year old male with an injury date of 02/24/14. Based on the 11/05/14 progress report provided by treating physician, the patient complains of back and lower extremity symptoms rated 2-3/10. Patient is status post Spinal Cord Stimulator trial 07/25/14. Midline surgical incision is well healed with no signs of infection. Physical examination revealed tenderness to palpation in the midline and left greater than right paraspinal region. Range of motion was decreased, especially on extension 5 degrees. Positive straight leg raise test on the right. Sensation diminished on the right S1 dermatome. Patient reports less muscle spasms since taking Skelaxin. Patient's medications include Percocet, Skelaxin, Gabapentin, and Senokot. Medications do help with pain and allow for an increased level of function. Percocet is prescribed in progress reports dated 03/25/14 and 11/05/14. Per treater report dated 10/24/14, CURES dated 08/26/14 was consistent, as well as urine drug screen dated 09/26/14. Skelaxin was prescribed in progress reports dated 10/24/14 and 11/05/14. Patient is partially disabled per treater report dated 11/05/14. Diagnosis 11/05/14- L4-5 ADR, L5-S1 anterior/posterior fusion 08/14/12 status post- chronic L4-5 radiculopathy per EMG- multilevel HNPs lumbar spine- neural foraminal narrowing lumbar spine- canal stenosis lumbar spine- concordant pain L4-5 and L5-S1 The utilization review determination being challenged is dated 12/03/14. Treatment reports were provided from 02/06/13 - 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 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 criteria for use of opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with back and lower extremity symptoms rated 2-3/10. The request is for Percocet 10/325mg #90. The patient is status post L4-5 ADR, L5-S1 anterior/posterior fusion 08/14/12. Patient's diagnosis on 11/05/14 included chronic L4-5 radiculopathy per EMG, and lumbar spine multilevel herniated nucleus pulposus. Patient's medications include Percocet, Skelaxin, Gabapentin, and Senokot. Medications do help with pain and allow for an increased level of function. Patient denies side effects to the medications. Percocet is prescribed in progress reports dated 03/25/14 and 11/05/14. Patient is partially disabled per treater report dated 11/05/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, treater has not discussed how Percocet significantly improves patient's activities of daily living, only providing general statements. Per treater report dated 10/24/14, CURES dated 08/26/14 was consistent, as well as urine drug screen dated 09/26/14. Treater also states that patient denies side effects to the medications. However, in addressing the 4A's, discussions with specific examples of ADL's are not provided. There are no discussions of return to work or change in work status, either. MTUS requires documentation of the 4A's when recommending opiates. Therefore, the request 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with back and lower extremity symptoms rated 2-3/10. The request is for Skelaxin 10/325mg #90. The patient is status post L4-5 ADR, L5-S1 anterior/posterior fusion 08/14/12. Patient's diagnosis on 11/05/14 included chronic L4-5 radiculopathy per EMG, and lumbar spine multilevel herniated nucleus pulposus. Patient's medications include Percocet, Skelaxin, Gabapentin, and Senokot. Medications do help with pain and allow for an increased level of function. Patient denies side effects to the medications. Patient is partially disabled per treater report dated 11/05/14. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and

methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." Forskelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by ██████████ under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Per treater report dated 11/05/14, patient reports less muscle spasms since taking Skelaxin. However, MTUS recommends Skelaxin for short-term relief in patients with chronic LBP. Skelaxin was prescribed in progress reports dated 10/24/14 and 11/05/14, which is more than one month from UR date of 12/03/14. Furthermore, the request for quantity 90 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.