

<b>Case Number:</b>	CM15-0005749		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 56-year-old male who sustained an industrial injury on 04/22/11. Initial complaints and diagnoses are Lumbar myofascial pain, Lumbar disc disease. Treatments to date include medication. Diagnostic studies are discussed. Current complaints include worsening hands, and visual changes. In a progress note dated 12/10/14, the treating provider reports the plan of care as Dilaudid, Norco, Skeloxen, and Xanax. The requested treatments are Dilaudid, Norco, and Skeloxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Dilaudid 8mg #160: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 04/22/11. The medical records provided indicate the diagnosis of Lumbar myofascial pain, Lumbar disc disease. Treatments to date include medication. The medical records provided for review do not indicate a medical necessity for 1) Prescription of Dilaudid 8mg #160. Dilaudid is an opioid analgesic. The MTUS recommend the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain, not longer than 70 days for chronic pain. For the maintenance phase, the MTUS recommends documentation of pain control, adverse effects, activities of daily living, and reports of monitoring of aberrant behavior. The MTUS recommends discontinuation of treatment if there is no overall improvement, or if there is evidence of illegal activity or abuse. The records indicate the injured worker is not being monitored for pain control, adverse effects, activities of daily living, reports of monitoring of aberrant behavior; the injured worker has not improved; and the injured worker has been on this medication at least since 12/2014. Therefore, the request is not medically necessary.

**(1) Prescription of Norco 10/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for (1) Prescription of Norco 10/325mg #120. Norco is an opioid analgesic. The MTUS recommend the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain, not longer than 70 days for chronic pain. For the maintenance phase, the MTUS recommends documentation of pain control, adverse effects, activities of daily living, and reports of monitoring of aberrant behavior. The MTUS recommends discontinuation of treatment if there is no overall improvement, or if there is evidence of illegal activity or abuse. The records indicate the injured worker is not being monitored for pain control, adverse effects, activities of daily living, reports of monitoring of aberrant behavior; the injured worker has not improved; and the injured worker has been on this medication at least since 12/2014. Therefore, the request is not medically necessary.

**(1) Prescription of Skelaxin 800mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The injured worker sustained a work related injury on 04/22/11. The medical records provided indicate the diagnosis of Lumbar myofascial pain, Lumbar disc disease. Treatments to date include medication. The medical records provided for review do not indicate a medical necessity for (1) Prescription of Skelaxin 800mg #30. Skelaxin is a muscle

relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain; but the records indicate the injured worker has been using this at least since 12/2014. Therefore, the request is not medically necessary.