

Case Number:	CM15-0167364		
Date Assigned:	09/08/2015	Date of Injury:	03/21/2008
Decision Date:	10/07/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old male who sustained an industrial injury on 3-21-08. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar back pain with radiculopathy, post-laminectomy syndrome of the lumbar spine, degenerative disc disease, restless leg syndrome, myofascial pain syndrome, anxiety, and insomnia. He has a history of laminectomy and decompression discectomy L-S1. Medical records (2-11-15 to 8-4-15) indicate ongoing complaints of lower extremity pain, rating "6 out of 10". His pain is noted as "constant" and "spasticity". There has been no change in his pain from 2-11-15 to 8-4-15. The records indicate that he has consistently been able to be "up, dressed, and out of the house" for participation in activities of daily living. He is currently working part-time. He has been treated with a home exercise program and a request for transforaminal epidural steroid injection is pending. His medications have included Skelaxin 800mg every 12 hours, Norco 10-325 1-2 tabs every 4-6 hours as needed, Oxycontin 80mg XR 12H tabs 1 tab twice daily, and Ambien 5 mg 1-2 tabs at bedtime as needed. There have been no changes in his medications during the review period. His urine toxicology screen was positive for Norco and Oxycontin on 2-4-15. The request for authorization included Skelaxin 800mg every 12 hours, #60 x 2, Norco 10-325 1-2 tabs every 4-6 hours as needed, #240, and Oxycontin 80mg XR 12H tabs 1 tab twice daily, #60 (7-30-15). The utilization review (8-8-15) indicates modification in Norco, #216, and Oxycontin, #54, to allow for weaning. The rationale indicates that the progress notes do "no adequately document functional benefit from opioid therapy". The Skelaxin was denied, indicating that the clinical information does not document an acute exacerbation of low back pain, nor failure of "first-line" therapy, including non-steroidal anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Metaxalone (Skelaxin).

Decision rationale: The claimant has a remote history of a work injury occurring in March 2008 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome after undergoing an L5-S1 decompression. He was seen for medication management on 07/30/15. Medications are referenced as helpful in increasing daily function and without side effects. Without medications pain is referenced as 8-10/10 and with medications from 7-10/10. The assessment references a tolerable pain level of 6/10. No abnormal physical findings were recorded. Norco and Oxycontin were prescribed at a total MED (morphine equivalent dose) of 320 mg per day. Skelaxin was being prescribed on a long-term basis and was refilled. Skelaxin (Metaxalone) is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. In this case, it is being prescribed on a long-term basis. Continued prescribing is not medically necessary.

Norco 10/325 mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2008 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome after undergoing an L5-S1 decompression. He was seen for medication management on 07/30/15. Medications are referenced as helpful in increasing daily function and without side effects. Without medications pain is referenced as 8-10/10 and with medications from 7-10/10. The assessment references a tolerable pain level of 6/10. No abnormal physical findings were recorded. Norco and Oxycontin were prescribed at a total MED (morphine equivalent dose) of 320 mg per day. Skelaxin was being prescribed on a long-term basis and was refilled. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2.5 times that recommended and not reducing the claimant's pain to what he considers a tolerable level. There are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose was not medically necessary.

Oxycontin 80 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2008 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome after undergoing an L5-S1 decompression. He was seen for medication management on 07/30/15. Medications are referenced as helpful in increasing daily function and without side effects. Without medications pain is referenced as 8-10/10 and with medications from 7-10/10. The assessment references a tolerable pain level of 6/10. No abnormal physical findings were recorded. Norco and Oxycontin were prescribed at a total MED (morphine equivalent dose) of 320 mg per day. Skelaxin was being prescribed on a long-term basis and was refilled. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2.5 times that recommended and not reducing the claimant's pain to what he considers a tolerable level. There are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose was not medically necessary.