

Case Number:	CM15-0182018		
Date Assigned:	09/23/2015	Date of Injury:	06/16/2010
Decision Date:	10/27/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/16/2015

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: California, South Carolina

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

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 (IW) is a 45 year old male who sustained an industrial injury on 06-16-2010. Medical records indicate the worker was status post lumbar fusion (2011) for spondylolisthesis grade I (with residuals), bilateral carpal tunnel syndrome (treated surgically-2011), left shoulder sprain and partial rotator cuff tear (treated surgically-2012), right shoulder sprain and "ancient" tear anterior cruciate ligament right knee (treated surgically 1993, 2003). Treatment to date has included physical therapy, acupuncture, chiropractic treatments, surgery and "multiple medication trials." He has successfully participated in a weight loss program (65 lb. loss), a gym membership where he swims, and he takes medications for pain including Butrans, oxymorphone, Celebrex, Percocet, and Topamax. In the provider notes (08-25-2015) that the injured worker complains of neck pain, bilateral shoulder pain, back pain, and bilateral knee pain. Over the past month, he rates his pain on a scale of 0-10 as: lowest pain level as a 2, highest an 8, and average a 4. His pain is described as burning, aching, throbbing, tingling, tightness, spasms, numbness, tenderness, weakness, and hypersensitivity. He states he begins to experience relief from his pain within 20-30 minutes after taking medication with the relief lasting approximately 3-5 hours. Without medication he is unable to tolerate walking, sitting more than 10-20 minutes, standing more than 5 minutes, and spends 80% of his time in bed. With medications, he can walk for 20 minutes, sit for 2 hours, stand for 20 minutes, sleep for 4-6 hours, sustain activity for 20 minutes to an hour, and spends only 30% of his time in bed. He has been on oxymorphone since at least 08-2012, Skelaxin since 04-07-2015, and Butrans patch since 07-02-2014. The worker has not worked since 10/2010 and is on social security disability

and his retirement pension. A request for authorization was submitted for Skelaxin 800 mg #90 with 3 refills, oxymorphone HCL ER 30 mg #60, and Butrans 20 mcg/hr. patch #4. A Utilization Review decision 08-31-2015 modified the request for Skelaxin to #70 to initiate a weaning process, approved the Butrans, modified the oxymorphone to #45 to continue a weaning process, and authorized the Butrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg #90 with 3 refills: 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): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Metaxalone (Skelaxin®).

Decision rationale: The cited CA MTUS and ODG recommend non-sedating muscle relaxants (Skelaxin) with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain, decreased muscle tension, and increased mobility; however, muscle relaxants generally did not show benefit beyond NSAIDs in pain and overall improvement. In the case of this injured worker, it is clear from recent treating provider notes (09-08-2015) that he had improved pain scores, subjective function improvement, and increased activities of daily living. On physical exam, he was noted to have tense muscle bands, but the notes did not state that he had specific muscle spasm relief with Skelaxin use. As the cited guidelines state, Skelaxin should only be used for exacerbations, and not for chronic daily use. Utilization Review modified the original request to allow for a weaning protocol, which would be reasonable based on the current documentation. Therefore, the request for Skelaxin 800 mg #90 with 3 refills is not medically necessary and appropriate.

Oxymorphone HCL ER 30 mg #60: Overturned

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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The cited CA MTUS guidelines recommend opioids, such as oxymorphone, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's recent records have included documentation of the pain with and without medication, no significant adverse effects, pain contract on file,

urine drug testing, subjective functional improvement, performance of necessary activities of daily living, and other first-line pain medications to include Topamax. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which has been appropriate. In the case of the total morphine equivalent dose exceeding 120 mg, pain management must follow the injured worker, which is currently the case. Weaning of opioid should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, oxymorphone HCL ER 30 mg #60 is medically necessary and appropriate for ongoing pain management.