

<b>Case Number:</b>	CM15-0189582		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/07/1988
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: New Jersey

Certification(s)/Specialty: 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:

This is a 56 year old female who sustained an industrial injury on 3-7-1988. A review of the medical records indicates that the injured worker is undergoing treatment for failed back syndrome and chronic pain syndrome. According to the progress report dated 8-11-2015, the injured worker complained of severe low back pain into leg. Objective findings (8-11-2015) revealed weakness, lumbar spasms, antalgic gait, restricted range of motion and positive straight leg raise. Treatment has included medications. Current medications (8-11-2015) included Norco (since at least 3-2015), Skelaxin and Oxybutynin. The request for authorization was dated 8-11-2015. The original Utilization Review (UR) (8-26-2015) modified a request for Norco from #180 to #45 and denied a request for Skelaxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Norco 10/325mg #180: 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, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of chronic use of Norco as well as other opioids leading up to this request. However, there was no record found of a recent complete review regarding opioid use such as functional gains and pain level reduction directly related to Norco use. Therefore, without sufficient evidence of measurable benefit and appropriate follow-up while using Norco, this request for Norco is not medically necessary. Weaning may be indicated.

**One prescription for Skelaxin 800mg #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): Muscle relaxants (for pain).

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of muscle spasm on physical examinations and ongoing regular Skelaxin use, leading up to this request. However, missing from the documentation was a report on how effective this medication was at reducing pain and improving function. Regardless, this drug class is generally not recommended for chronic use, and therefore, Skelaxin is not medically necessary as prescribed and requested.