

Case Number:	CM15-0190700		
Date Assigned:	10/02/2015	Date of Injury:	10/03/2000
Decision Date:	11/12/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/28/2015

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

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 47-year-old male, who sustained an industrial injury on 10/3/2000. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include multilevel cervical disc herniated nucleus pulposus with stenosis, myofascial triggers, cervical radiculopathy, traumatic head injury. Currently, he complained of neck pain with radiation to the left arm. Pain was rated 9 out of 10 VAS in the neck and 6 out of 10 VAS in the left arm. Pain was associated with numbness and weakness of the grip, occipital headaches and poor balance. Norco was noted to provide 30-50% relief of pain lasting 4-5 hours. It was noted without medication there is difficulty with activities of daily living. Naprosyn, Norco and Skelaxin were prescribed for at least the prior seven months. On 9-16-15, the physical examination documented cervical tenderness and positive Spurling's maneuvers. There was decreased sensation in the left arm, forearm, and decreased grip strength. Trigger point were noted C5-C7. Trigger point injections were provided this day. The plan of care included refilling medications including Naprosyn, Norco, and Skelaxin. The appeal requested authorization for Skelaxin 800mg #90 and Norco 10-325mg #60. The Utilization Review dated 9-22-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #90: 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), Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines recommend the use of metaxalone with caution as a second-line option for short-term pain relief in patients with chronic low back pain. Metaxalone is a muscle relaxant that is reported to be relatively non-sedating. In this case, the injured worker has been prescribed this medication for at least the past 7 months but there is no evidence that he has attempted and failed with a first line agent. The request for Skelaxin 800mg #90 is determined to not be medically necessary.

Norco 10/325mg #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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Norco since at least September 2014 without consistent objective evidence of pain relief or functional improvement. Additionally, This medication was recommended in a prior review for weaning purposes only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #60 is determined to not be medically necessary.