

Case Number:	CM15-0047764		
Date Assigned:	03/19/2015	Date of Injury:	10/23/2002
Decision Date:	04/24/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old male injured worker suffered an industrial injury on 10/23/2002. The diagnoses were post lumbar laminectomy syndrome, lumbar facet syndrome and low back pain. The diagnostic studies were lumbar x-rays and computerized tomography of the lumbar spine. The injured worker had been treated with lumbar fusion, joint injections, nerve blocks, and medications. On 2/13/2015, the treating provider reported for lower back pain with medications rated as 5/10 and 8/10 without medications with decreased activity. Lumbar spine range of motion was restricted with hypertonicity of the muscles with positive straight leg raise along with tenderness. The treatment plan included Kadian ER and Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian ER (extended release) 80 mg Qty 60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Kadian ER 80 mg #60 with one refill is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are post lumbar laminectomy syndrome; lumbar facet syndrome; and low back pain. Documentation from an October 28, 2011 progress note shows the injured worker was taking Skelaxin 800 mg QID, Kadian 80 mg BID, Norco 10/325 mg QID, Ambien CR and gabapentin. A progress note dated November 30, 2012 indicates the same medications and dosages (Ambien discontinued). Progress note dated November 1, 2013 shows the same medications with no change in dosages or frequency. A progress note dated February 13, 2015 shows Norco was discontinued and Percocet 10/325 mg was added. Subjectively, the injured worker had a VAS pain scale of 8/10 without medications and 5/10 with medications with the complaint of low back pain. There was no documentation indicating an attempt to wean opiate medications. There were no detailed pain assessments in the medical record. There were no risk assessments in the medical record. There was no documentation of objective functional improvement. Rather, it was an increase in subjective discomfort with the change from Norco to Percocet. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Kadian ER in the absence of an attempt to wean, risk assessment and detailed pain assessments, Kadian ER 80 mg #60 with one refill is not medically necessary.

Skelaxin 800 mg Qty 120 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Skelaxin 800 mg #120 with one refill is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are post lumbar laminectomy syndrome; lumbar facet syndrome; and low back pain. Documentation from an October 28, 2011 progress note

shows the injured worker was taking Skelaxin 800 mg QID, Kadian 80 mg BID, Norco 10/325 mg QID, Ambien CR and gabapentin. A progress note dated November 30, 2012 indicates the same medications and dosages (Ambien discontinued). Progress note dated November 1, 2013 shows the same medications with no change in dosages or frequency. A progress note dated February 13, 2015 shows Norco was discontinued and Percocet 10/325 mg was added. Subjectively, the injured worker had a VAS pain scale of 8/10 without medications and 5/10 with medications with the complaint of low back pain. Skelaxin is indicated for short-term (less than two weeks) use. The treating physician exceeded the recommended guidelines for Skelaxin 800 mg. The treating physician prescribed Skelaxin in excess of three years without a compelling clinical rationale to support its use. There was no attempt to wean Skelaxin 800 mg QID. There was no documentation indicating objective functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement with an attempt to wean Skelaxin in excess of the recommended guidelines for short-term use, Skelaxin 800 mg #120 with one refill is not medically necessary.