

Case Number:	CM15-0050382		
Date Assigned:	03/23/2015	Date of Injury:	06/04/1996
Decision Date:	05/06/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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 69 year old, male, who sustained a work related injury on 6/4/96. The diagnoses have included lumbar disc disorder, lumbar facet syndrome, lumbar radiculopathy and low back pain. Treatments have included lumbar epidural steroid injection with minimal pain relief, x-rays of lumbar spine on 9/10/13 and medications. In the PR-2 dated 1/8/15, the injured worker complains of lower back pain. He rates this pain a 2/10 with medications and a 6/10 without medications. He states the pain is slightly increased with cold weather. Range of motion in the low back area is restricted due to pain. He has tenderness to palpation of paravertebral muscles with spasm on both of the sides. The treatment plan is to refill medications of Duragesic patches, Skelaxin (metaxalone), Sertraline (Zoloft) and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline Hydrochloride 100 mg tablet take 2 tablets daily #50 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitor (SSRI) Page(s): 9, 13, 47, 63-64, 66, 74, 78-97.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder) (2) Mental Illness & Stress, Bupropion (Wellbutrin) (3) Mental Illness & Stress, Sertraline (Zoloft).

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. Medications include Duragesic and Norco at a total MED (morphine equivalent dose) of 270 mg per day. Antidepressant medication is recommended for the treatment of major depressive disorder. Sertraline (Zoloft) is recommended as a first-line treatment option. In this case, the claimant does not have a diagnosis of major depressive disorder. Therefore, the continued prescribing of sertraline is not medically necessary.

Duragesic 100 Mcg/hr. patch apply to skin every 2 days #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid analgesics Page(s): 9, 13, 47, 63-64, 66, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. Medications include Duragesic and Norco at a total MED (morphine equivalent dose) of 270 mg per day. Guidelines recommend against opioid dosing in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.

Metaxalone 800mg tablet - take 1 tablet daily as needed #30 refills 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. Skelaxin (metaxalone) is reported to be a relatively non-sedating muscle relaxant. Its effect is presumed to be due to general depression of the central nervous system rather than by inhibiting spasticity. It is recommended with caution as a second-line option for acute low back pain and for short-term pain relief in patients with chronic low back pain. In this case, the quantity being prescribed is consistent with ongoing long term use and was therefore not medically necessary.

Norco 10/325mg tablet take 1 tablet 3 times a day as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) Opioids, criteria for use (2) Opioids Page(s): 86; 76-80; 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. Medications include Duragesic and Norco at a total MED (morphine equivalent dose) of 270 mg per day. Guidelines recommend against opioid dosing in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, the continued prescribing of Norco was not medically necessary.