

Case Number:	CM15-0055705		
Date Assigned:	04/01/2015	Date of Injury:	10/16/2006
Decision Date:	05/29/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/24/2015

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: Emergency 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 60 year old female, who sustained an industrial injury on 10/16/06. She reported low back and bilateral radiating leg pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included physical therapy, a home exercise program, a back brace, and cane. A physician's report dated 7/19/13 the injured worker was taking Oxycodone 80mg and Norco 10/325. A physician's report dated 9/17/13 noted pain was rated as 6/10 at the least and 7/10 as the most pain. A physician's report dated 2/4/15 noted average pain was rated as 8/10 and the least pain was 5/10. Pain mostly affects low back radiating to legs. Skelaxin was noted to have provided some relief of muscle spasms after failure of other muscle relaxants. Patient is reportedly unhappy with opioid tapering and claims worsening pain with weaning. Physical exam was reviewed and patient is reportedly at baseline. Provider has documented plan for continued tapering of medications. Currently, the injured worker complains of low back pain that radiates to bilateral lower extremities. The treating physician requested authorization for Norco 10/325mg #90, Oxycodone 80mg #90, and Skelaxin 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/Apap) 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen with Hydrocone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets the appropriate documentation of criteria. There is appropriate documentation of objective function in pain and function. There is appropriate documentation of monitoring of adverse events and aberrant behavior. Patient is currently taking more than recommended 120mg Morphine Equivalent Dose with persistent severe pain. There is concern for hyperalgesia with persistent therapy. There is ongoing plan for weaning but the requested number of tablets is the same as the number of tablets requested the previously month which does not correlate with plan. Number of tablets is not appropriate for weaning. Norco prescription is not medically necessary.

Oxycodone (Oxycontin) 80mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Oxycontin is extended release Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets the appropriate documentation of criteria. There is appropriate documentation of objective function in pain and function. There is appropriate documentation of monitoring of adverse events and aberrant behavior. Patient is currently taking more than recommended 120mg Morphine Equivalent Dose with persistent severe pain. There is concern for hyperalgesia with persistent therapy. There is ongoing plan for weaning but the requested number of tablets is the same as the number of tablets requested the previously month which does not correlate with plan. Number of tablets is not appropriate for weaning. Oxycontin prescription is not medically necessary.

Skelaxin (Metaxalone) 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for pain) Page(s): 63-64.

Decision rationale: As per MTUS Chronic pain guidelines, muscle relaxants should be used for short term use for exacerbation of muscle spasms. Skelaxin is only recommended for short-term use for muscle spasms only. Patient also has been on various muscle relaxants chronically and Skelaxin for a few months. Chronic use of muscle relaxants is not recommended. The number of tablets is not consistent with plan for weaning or short-term use. Skelaxin is not medically necessary.