

Case Number:	CM15-0056767		
Date Assigned:	04/01/2015	Date of Injury:	04/13/2000
Decision Date:	05/08/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male, who sustained an industrial injury on 4/13/2000. He reported an automobile pinned him between the car door and his car while attempting to exit his vehicle subsequently suffering injury to the back, left leg, and hands. He is status post lumbar discography in 2001. Diagnoses include lumbar disc bulge with radicular pain and weakness, lumbar facet syndrome currently resolved following facet injection, previous relief of radicular weakness following lumbar transforaminal injection x 2 and severe reactive depression. Treatments to date include medication therapy, physical therapy, acupuncture treatments, chiropractic treatment, trigger point injections, and home exercises. Currently, he complained of increased back pain with radiation into the buttocks. On 3/5/15, the physical examination documented limited lumbar flexion, decreased strength in left lower extremity. The straight leg raising was positive on the right and left. The plan of care included skelaxin and oxycodone as ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg 1 po tid prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 & 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: The patient presents with low back pain with radiation into the buttocks. The request is for SKELAXIN 800MG 1 PO TID PRN #90. The RFA provided is dated 03/05/15 and the patient's date of injury is 04/13/00. The patient has been diagnosed with lumbar disc bulge with radicular pain and weakness, lumbar facet syndrome currently resolved following facet injection, previous relief of radicular weakness following lumbar transforaminal injection x 2 and severe reactive depression. Per 03/05/15 report, treater states, "Denial of medications over the last month has caused severely increased pain and poor sleep to the point where he had to miss work and has affected his daily life and relationship with his family. Percocet along with Skelaxin were controlling his pain." Current medications include Skelaxin, Percocet and Duexis. The patient was declared permanent and stationary and is working fulltime. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." For skelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by [REDACTED] under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Treater did not provide a reason for the request. Skelaxin was prescribed to the patient at least since 12/11/14, per provided medical reports. MTUS recommends Skelaxin for short-term use. Furthermore, the current request for quantity 90 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Oxycodone 5mg 1 to 2 tabs po BID PRN #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Opioid Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain with radiation into the buttocks. The request is for OXYCODONE 5MG 1 TO 2 TABS PO BID PRN #60. The RFA provided is dated 03/05/15 and the patient's date of injury is 04/13/00. The patient has been diagnosed with lumbar disc bulge with radicular pain and weakness, lumbar facet syndrome currently resolved following facet injection, previous relief of radicular weakness following lumbar transforaminal injection x 2 and severe reactive depression. Per 03/05/15 report, treater states, "Denial of medications over the last month has caused severely increased pain and poor sleep to the point where he had to miss work and has affected his daily life and relationship with his family. Percocet along with Skelaxin were controlling his pain." Current medications include Skelaxin,

Oxycodone and Duexis. The patient was declared permanent and stationary and is working on full duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per 03/05/15 report, treater states, "Previously Percocet 10/325mg twice daily was controlling his pain. In order to reduce cost and control patient's pain, generic Oxycodone without Tylenol has been ordered on a trial basis. Without these medications, the patient's functional ability is severely compromised in the home and workplace." MTUS requires appropriate discussion of the 4A's. The urine drug screen performed on 12/11/14 was consistent with the medication regimen and the patient does not present with aberrant behavior. Given the patient's chronic low back pain for which MTUS supports the use of NSAID, and documentation that it has been helping the patient by allowing him to return to full time work, the request IS medically necessary.