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| Case Number: | CM15-0061868 | | |
| Date Assigned: | 04/07/2015 | Date of Injury: | 10/23/2002 |
| Decision Date: | 05/07/2015 | UR Denial Date: | 03/21/2015 |
| Priority: | Standard | Application Received: | 04/01/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 49-year-old male, with a reported date of injury of 10/23/2002. The diagnoses include post lumbar laminectomy syndrome, lumbar facet syndrome, and low back pain. Treatments to date have included oral medications, lumbar fusion, left sacroiliac joint injection, lumbar fusion revision, an x-ray of the lumbar spine, left medial branch block at L3, L4, and L5, a computerized tomography (CT) scan of the lumbar spine, and a transcutaneous electrical nerve stimulation (TENS) unit. The progress report dated 03/13/2015 indicates that the injured worker complained of low back pain. He rated his pain 7 out of 10 with medications, and 10 out of 10 without medications. It is noted that his activity level had decreased. The objective findings include an antalgic gait, a slow gait, normal lordosis with straightening of the lumbar spine, restricted lumbar range of motion, tenderness and tight muscle band to palpation of the bilateral lumbar paravertebral muscles with hypertonicity and spasm, positive bilateral lumbar facet loading, positive bilateral straight leg raise test, and tenderness over the sacroiliac spine. The treating physician requested Kadian extended-release 80mg #60 for pain and Skelaxin 800mg #120 for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

KADIAN ER 80MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 49 year old male has complained of low back pain since date of injury 10/23/02. He has been treated with lumbar spine surgery, medial branch blocks, TENS unit and medications to include opioids for at least 1 month duration. The current request is for Kadian. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Kadian is not medically necessary.

SKELAXIN 800MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: This 49 year old male has complained of low back pain since date of injury 10/23/02. He has been treated with lumbar spine surgery, medial branch blocks, TENS unit and medications to include Skelaxin for at least 1 month duration. Per the MTUS guideline cited above, muscle relaxant agents (Skelaxin) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Skelaxin is not medically necessary.