

<b>Case Number:</b>	CM15-0085746		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	11/10/2001
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 63 year old male, who sustained an industrial injury on 11/10/2001, from continuous trauma while employed as a construction laborer. The injured worker was diagnosed as having degeneration of the cervical and lumbar intervertebral discs, cervical radiculopathy, shoulder pain, pain radiating to the left shoulder, knee pain, lumbar post-laminectomy syndrome, and degeneration of the lumbar or lumbosacral intervertebral disc. Treatment to date has included diagnostics, left shoulder surgery x2, lumbar spinal surgeries, bilateral hand surgeries, bilateral knee surgeries, various injections, home exercise, and medications. He was also treated for depression and anger, primarily related to his pain. Currently, the injured worker complains of pain in his low back, bilateral legs, neck, and bilateral arms. His pain was unchanged from the previous visit and was rated 3-5/10 with medication and 5-7/10 without. Medications allowed his pain to be reduced by 30-50% and allowed him to complete the necessary activities of daily living. Current medications included Norco, Paxil, Lunesta, Ibuprofen, Robaxin (noted in previous progress notes), and Benazapril. The use of opioid medications and muscle relaxants was noted for greater than 6 months. He was currently not working. His appearance was somewhat upset and cognitively intact, noting frustration due to titration of medications by more than 10%. A review of symptoms noted no change in his strength or exercise tolerance. Exam noted a normal gait and normal range of motion to the cervical spine. The thoracic spine exam noted point tenderness and myofascial pain just lateral at the left T6-7 level, with twitch response on deep palpation. Lumbar and shoulder range of motion was restricted. His knees showed some tenderness around the medial and prepatellar areas with full range of motion and no

crepitus. Urine drug screens were not noted. The treatment plan included continued conservative treatment, continued chronic pain medication maintenance regime (to include Skelaxin), and follow-up.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Prescription of Skelaxin 800mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 2001. He continues to be treated for radiating neck and low back pain. When seen, medications are referenced as decreasing pain from 5-7/10 to 3-5/10. Medications were providing up to 50% pain relief and allowing for completion of activities of daily living. He was having bilateral knee pain. Visco supplementation injections were pending. Physical examination findings included pain with knee range of motion. There was joint line tenderness. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of less than 20 mg per day. Skelaxin was being prescribed on a long-term basis. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory medication in pain and overall improvement. Skelaxin (metaxalone) is 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.

#### **1 Prescription of Norco 10/325mg #40: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**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 injury occurring in November 2001. He continues to be treated for radiating neck and low back pain. When seen, medications are referenced as decreasing pain from 5-7/10 to 3-5/10. Medications were providing up to 50% pain relief and allowing for completion of activities of daily living. He was having bilateral knee pain. Visco supplementation injections were pending. Physical examination findings included pain with knee range of motion. There was joint line tenderness. Medications included Norco

being prescribed at a total MED (morphine equivalent dose) of less than 20 mg per day. Skelaxin was being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain relief and facilitating activities of daily living. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.