

<b>Case Number:</b>	CM15-0233369		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	09/07/2009
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old female, who sustained an industrial injury on 9-7-09. The injured worker was being treated for cervical radiculopathy, cervical disc herniation, cervical stenosis, bilateral lumbar facet joint pain, lumbar facet joint arthropathy, chronic low back pain, chronic neck pain, cervical facet joint pain, cervical facet joint arthropathy, left shoulder pain and depression. On 11-6-15, the injured worker complains of continued bilateral low back and bilateral neck pain. Documentation does not indicate level of pain prior to or following administration of pain medications, duration of pain relief or improvement in function with use of medications. Work status is noted to be partial disability. Physical exam performed on 11-6-15 revealed increased lumbar spasms, tenderness upon palpation of lumbar paraspinal muscles overlying bilateral L4-5 and L5-S1 facet joints, restricted cervical and lumbar range of motion and positive pelvic rock bilaterally. Treatment to date has included oral medications including Norco 10-325mg (since at least 4-2014), Neurontin 60mg and MS Contin 15mg; TENS unit and activity modifications. On 11-6-15 request for authorization was submitted for Skelaxin 800mg #90 (new prescription), Norco 10-325mg #90, MS Contin 15mg #60 and Neurontin 600mg #90. On 11-20-15 request for Skelaxin 800mg #90 was modified to #42 by utilization review and Norco 10-325mg #90 was modified to #45 by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800 mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The injured worker sustained a work related injury on 9-7-09. The medical records provided indicate the diagnosis of cervical radiculopathy, cervical disc herniation, cervical stenosis, bilateral lumbar facet joint pain, lumbar facet joint arthropathy, chronic low back pain, chronic neck pain, cervical facet joint pain, cervical facet joint arthropathy, left shoulder pain and depression. Treatments have included oral medications including Norco 10-325mg (since at least 4-2014), Neurontin 60mg and MS Contin 15mg; TENS unit and activity modifications. On 11-6-15 request for authorization was submitted for Skelaxin 800mg #90 (new prescription), Norco 10-325mg #90, MS Contin 15mg #60 and Neurontin 600mg #90. The medical records reveal she had a flare up of the back pain and muscle spasms in 10/2015 that persisted to the next visit in 11/2015. This medication was introduced during the 11/2015 visit. The MTUS recommend the non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Metaxalone (Skelaxin) is a muscle relaxant with a recommended dosing of 800 mg three to four times a day. The request for Skelaxin 800 mg #90 is medically necessary

**Norco 10/325 mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

**Decision rationale:** The injured worker sustained a work related injury on 9-7-09. The medical records provided indicate the diagnosis of cervical radiculopathy, cervical disc herniation, cervical stenosis, bilateral lumbar facet joint pain, lumbar facet joint arthropathy, chronic low back pain, chronic neck pain, cervical facet joint pain, cervical facet joint arthropathy, left shoulder pain and depression. Treatments have included oral medications including Norco 10-325mg (since at least 4-2014), Neurontin 60mg and MS Contin 15mg; TENS unit and activity modifications. On 11-6-15 request for authorization was submitted for Skelaxin 800mg #90 (new prescription), Norco 10-325mg #90, MS Contin 15mg #60 and Neurontin 600mg #90. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug

abuse or adverse effect with the opioid medication. The medical records reveal the injured worker has been using opioid medications since at least 2012, but with objective overall improvement, that means the MTUS guidelines definition of functional improvement. The medical record reveals she is well monitored for aberrant behavior, activities of daily living and pain control. The medical records provided for review reveals that Norco 10/325 mg #90 is medically necessary.