

Case Number:	CM14-0120252		
Date Assigned:	08/13/2014	Date of Injury:	03/05/1986
Decision Date:	09/19/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 74-year-old male who reported an injury on 03/05/1986. The mechanism of injury is not provided within the documentation submitted for review. The injured worker's diagnoses were noted to be cervical spine spondylosis, cervical radiculopathy, lumbar spine degenerative disc disease, lumbar radiculopathy, and bilateral cubital tunnel syndrome. Medications were noted to be Skelaxin and Norco. A primary physician's progress report dated 01/31/2014 notes the injured worker with subjective complaints of severe neck pain. He rates his pain 9/10 on the pain scale for both the neck and the low back. He indicated continued, progressive weakness of the upper and lower extremities. The objective physical exam findings note musculoskeletal pain in the muscles and joints of the back, neurologic weakness, numbness, and tremors. Cervical spine palpation notes mild torticollis, positive Spurling's maneuver, exquisite tenderness and muscle spasm noted at rest and on range of motion. Upon palpation of the lumbar spine there was noted exquisite discomfort and tenderness in the paralumbar musculature. Midline lumbar spine from the thoracic spine down had significant muscle spasm with range of motion. There were sciatic stretch signs and positive straight leg raise test bilaterally at 40-50 degrees in both the supine and seated position. The treatment plan is to continue with conservative therapy, refills for Skelaxin and Norco. The provider's rationale was within the documentation submitted for review. The request for authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 40mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin Page(s): 61.

Decision rationale: The request for Skelaxin 40 mg, quantity 60, is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate Skelaxin with caution as a second line option for short term pain relief in patients with chronic low back pain. The injured worker has been using this medication, Skelaxin, since at least 01/2014. The guidelines only recommend it as a second line option and only for short term pain relief. In addition, the request for Skelaxin fails to indicate a dosage frequency. As such, the request for Skelaxin 40 mg, quantity 60, is not medically necessary.

Norco 10/325mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Norco 10/325 mg, quantity 120, with 3 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review dated 01/31/2014 fails to provide an adequate pain assessment. The pain assessment should include: Current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request fails to provide a dosage frequency. As such, the request for Norco 10/325 mg, quantity of 120 with 3 refills, is not medically necessary.