

Case Number:	CM14-0123618		
Date Assigned:	08/08/2014	Date of Injury:	06/12/2009
Decision Date:	10/06/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/05/2014

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, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a patient with a date of injury of June 12, 2009. A utilization review determination dated August 4, 2014 recommends non-certification of Norco and Skelaxin. A progress note dated July 18, 2014 identifies subjective complaints of neck pain, left upper extremity pain, low back pain, and left lower extremity pain. The patient is using a home exercise program and feels that she receives adequate relief of pain symptoms with Lyrica, Norco, Lidoderm, and Skelaxin. The Norco is used for breakthrough pain. She denies any adverse effects from her current medication regimen and feels that the combination allows her to perform a home exercise program and remain active. Review of systems is negative for constipation, nausea, and difficulty breathing. Physical examination findings reveal normal tone and power of all muscles of the extremities. Diagnoses include cervical postlaminectomy syndrome, lumbar postlaminectomy syndrome, and pain in the left shoulder joint. The treatment plan recommends continuing chiropractic care and refill medications. A urine drug screen is also requested as well as a cures report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Metaxalone (Skelaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Metaxalone specifically is thought to work by general depression of the central nervous system. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Metaxalone. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failed use of a first-line muscle relaxant medication prior to initiation of Skelaxin. In the absence of such documentation, the currently requested Metaxalone is not medically necessary.

Norco 10/325mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function and pain, no side effects noted, and appropriate methods are being used to reduce the risk of aberrant use of opiates. As such, the currently requested Norco is medically necessary.