

Case Number:	CM14-0113484		
Date Assigned:	08/01/2014	Date of Injury:	02/08/2010
Decision Date:	01/05/2015	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/21/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 51 year old male with a work injury dated 2/8/10. The diagnoses include degeneration of lumbar or lumbosacral intervertebral disc ; thoracic or lumbosacral neuritis or radiculitis, unspecified ; chronic pain syndrome ; lumbago; Under consideration are requests for Zohydro 20mg #30 times 3 refills, Skelaxin 800mg times 3 refills. A 1/26/12 progress note states that the patient returns with his continued back pain. He says his pain is averaging about 6-7/10. He still notes that he is able to be up for two to two and a half hours and then he has to lie down or lie down and take the medication. With rest and the combination of the medications, he is able to get up and move around after about an hour to hour and a half. The combination of the Naprosyn and Norco does help the pain. On exam lumbar forward flexion is limited to about 60 degrees, extension 10 degrees, and lateral bending 10 degrees. Extension and lateral bending are associated with increased discomfort. He has tenderness from L4 to S1 over the facet joints bilaterally. Straight leg rising is negative bilaterally. Motor and sensory to light touch are intact in the lower extremities. He remains on total temporary disability. A 1/21/14 SOAP note states that his pain is 8/10 today, and is exacerbated by extended sitting and driving which has triggered muscle spasms. He reports low activity tolerance and with exacerbations and spasms triggered by most activity longer than 15 minutes, and reports that his constant aching low back pain and intermittent stabbing, sharp, and cramping pains radiating down poster lateral legs have ranged 5-9/10 since his last visit. Patient wants to resume ibuprofen dosing so that he can combine 1 tab Ibuprofen with each Norco dose. He agrees to stop Naproxen while taking Ibuprofen. His current medications include: Naproxen as previously prescribed; Pennsaid; Soma 350mg 1 BI D for night time spasms #60; Flexeril 1/2 to 1 tab QD pm daytime muscle spasm #30; Norco 10/325/1/2 to 2 tabs q 4 hrs. prn NTE 5/day, #150; Trazodone 50mg 1 to 3 PO QO @

HS prn insomnia #90. Patient denies any side effects with medication at this time. On exam the patient points to diffuse lower lumbar spine to locate his back pain. Palpation of the lumbar spine demonstrates maximum tenderness along lumbar and sacral paraspinal musculature. Trunk flexion aggravates his low back pain while trunk extension slightly aggravates his pain. He ambulates without assistive device today with right antalgic gait. The treatment plan includes Ibuprofen, Pennsaid, Soma, Flexeril, Norco and Trazodone. There is a progress note dated June 15, 2014 that states that the patient has 8/1010 right now. He treated this to denial of medications or delays in getting his medicine. The patient is not working. He is currently taking Norco. On examination there is tenderness to palpate lumbar spine. He has decreased lumbar range of motion. He has negative straight leg raise. He was prescribed Zohydro, Skelaxin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro 20mg #30 times 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Zohydro 20mg #30 times 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation does not indicate a treatment plan which is recommended by the MTUS including prescribing opioids based on function, with specific functional goals, return to work, random drug testing, and an opioid contract. None of these aspects of prescribing are in evidence on the documentation submitted. Based on the failure of prescribing per the MTUS and the lack of specific functional benefit, Zohydro is not medically necessary and appropriate.

Skelaxin 800mg times 3 refills: Upheld

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

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

Decision rationale: Skelaxin 800mg times 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. The documentation indicates that the patient has been on this longer than a short term period and therefore continued use of this medication is not recommended. The request, therefore, for Skelaxin is not medically necessary.

