

Case Number:	CM14-0210536		
Date Assigned:	12/23/2014	Date of Injury:	01/08/2007
Decision Date:	02/19/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 60-year-old male with date of injury of 01/08/2007. The listed diagnoses from 11/13/2014 are: 1. Lumbosacral sprain/strain injury. 2. Cervical disk injury. 3. History of cervical fusion at level C3, C4, C5, and C6 surgery in 2007. 4. Lumbosacral disk injury with history of laminectomy at level L4-L5 in March 2014. 5. Failed back and neck pain syndrome. 6. Lumbosacral radiculopathy. According to this report, the patient complains of low back and neck pain. He reports a burning sensation and ongoing numbness and tingling in his upper and lower extremities. He also reports severe spasms and Norflex is not helping much with the spasms. Examination shows a slightly limping gait and he uses a cane for balance and ambulation. Cervical paraspinous tenderness to palpation with myofascial tightness is noted. Painful range of motion of the cervical spine. Deep tendon reflexes are equal in the bilateral lower extremities. Treatment reports from 04/17/2013 to 12/03/2014 were provided for review. The utilization review denied the request on 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on-going management; opioids Page(s): 60-61, 78, 88-89.

Decision rationale: This patient presents with low back and neck pain. The treater is requesting NORCO 10/325 MG, QUANTITY 84. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Norco on 04/17/2013. The 10/23/2014 report shows that the patient continues to complain of back pain that is not adequately controlled with his current dosage of methadone. His right leg is still weak and he has chronic daily pain in his low back radiating to the right leg more than the left. None of the reports document before and after pain scales, no specifics regarding ADLs were discussed, no adverse side effects and aberrant drug-seeking behavior such as a CURES report and urine drug screen. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

Skelaxin 80mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: This patient presents with low back and neck pain. The treater is requesting SKELAXIN 80 MG, QUANTITY 30. The MTUS Guidelines page 61 states that Skelaxin is "recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. Metaxalone is a muscle relaxant that is reported to be relatively non-sedating." Long-term use of Skelaxin is not recommended per the MTUS Guidelines. The records do not show history of Skelaxin use. Given the patient's chronic pain, a trial of Skelaxin is appropriate to determine its efficacy in terms of pain relief and functional improvement. The request IS medically necessary.

Methodone 10mg quantity 56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on-going management; opioids Page(s): 60-61, 78, 88-89.

Decision rationale: This patient presents with low back and neck pain. The treater is requesting METHADONE 10 MG, QUANTITY 56. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed methadone on 04/17/2013. None of the reports discuss before and after pain scales. No change in work status or return to work to show significant functional improvement. No side effects were discussed, and no aberrant drug-seeking behavior such as a urine drug screen and CURES report were noted. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.