

Case Number:	CM14-0212147		
Date Assigned:	01/02/2015	Date of Injury:	09/22/2010
Decision Date:	03/04/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 records presented for review indicate that this 63-year-old gentleman sustained an injury on September 22, 2010. The most recent progress note dated December 2, 2014 included a complaint of low back pain. Current medications were stated to include Norco, Skelaxin, and Pamelor and were stated to be effective. No issues were reported with these medications. The physical examination on this date revealed moderate tenderness along the cervical paraspinal muscles and scapula. There was a negative Spurling's test and shoulder range of motion was limited to 160 of forward flexion and abduction with pain at the end range of motion. There was also a normal neurological examination. Diagnoses included a recent C4 through C7 anterior discectomy and fusion with chronic neck pain, bilateral rotator cuff tendinitis and degenerative osteoarthritis, left bicipital tendon rupture, and status post bilateral carpal tunnel releases with chronic pain. Treatment included a prescription of Norco as well as recommended continued use of Skelaxin and Pamelor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

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

Decision rationale: The California MTUS guidelines recommends ongoing usage of opioid medications, such as Norco, needs to be justified by documentation of objective pain relief, increased functionality such as the ability to perform activities of daily living or return to work, as well as comments regarding side effects and aberrant behavior. The most recent progress note dated December 2, 2014 does not include any mention of objective pain relief with the usage of Norco, nor is there any specific mention of increased ability to function or potential aberrant behavior. As such, the standards outlined in the MTUS are not met nor is there any demonstration that this medication has shown any efficacy in addressing the pain issues. Without evidence of a significant previous benefit to justify continued usage of Norco, this request is not medically necessary.

Skelaxin 800mg #90 with 5 refills: Upheld

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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Skelaxin is a muscle relaxant. According to the California MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations muscular back pain, nor are there any spasms reported as being present on physical examination. Furthermore, Skelaxin is indicated for episodic usage and a prescription of 90 tablets with five refills does not reflect this dosing. The MTUS is specific that such muscle relaxants are not indicated for chronic, indefinite or long-term use. Accordingly this request for Skelaxin is not considered medically necessary.