

Case Number:	CM14-0218897		
Date Assigned:	01/08/2015	Date of Injury:	10/16/2006
Decision Date:	03/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 60 year old female, who sustained an industrial injury, on October 16, 2006. The injured worker was diagnosed with lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, bilateral osteoarthritis and long term use of other medications. During the December 3, 2014, the injured worker expressed functional improvement with pain relieving medications. The injured worker affirmed taking medications as prescribed and was able to perform activities of daily living. The physical exam noted gait and movement were within baseline for their level of function. The injured worker rates least amount of pain at 6 out of 10 and highest level of pain at 7 out of 10; 0 being no pain and 10 being the worse. The injured worker was now permanent and stationary disabled. On December 3, 2014, the primary treating physician was requesting renew of medication Norco, metaxalone and Oxycontin. On December 9, 2014, the UR denied authorization for prescriptions for Norco, Metaxalone and Oxycontin. The Norco and Oxycontin were modified due to the MTUS guidelines for A Chronic Pain and weaning process of narcotics. The metaxalone was denied due to, the MTUS guidelines for the use of Muscle Relaxants; as a second-line option for short-term treatment of acute exacerbations of injured workers with chronic lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / APAP 10/325mg QTY #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Low back; opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since 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. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Hydrocodone/APAP 10/325mg #120 is not medically necessary.

Metaxalone 800 mg QTY #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-68.

Decision rationale: MTUS writes that Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. MTUS states regarding Skelaxin (Metaxalone), Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. Medical records do not indicate the failure of first line treatments. The requested Skelaxin 800mg #90 would be more than for the recommended 2-3 weeks, and so it is not medically necessary.

Oxycontin 80mg QTY #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Low Back; opioids

Decision rationale: Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since 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. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request FOR OXYCONTIN 80MG #0 is not medically necessary.