

Case Number:	CM15-0018085		
Date Assigned:	02/06/2015	Date of Injury:	12/19/2010
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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 & Rehabilitation

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 is a 55 year old male, who sustained an industrial injury on 12/19/2010. The diagnoses have included cervical spine sprain/strain, cervical degenerative disc disease, cervical facet arthropathy, cervicogenic headaches and cervical radiculitis. Treatment to date has included cervical radiofrequency rhizotomy and pain medications. According to the pain management re-evaluation dated 12/9/2014, the injured worker had chief complaints of neck pain, right shoulder pain, tingling and numbness to the fingers and intermittent headaches. The injured worker noted that pain went to a level of 5-6/10 when exacerbated by increased activity. He continued to take Norco as prescribed. Physical exam revealed moderate paracervical spasm. There was some tenderness on the suprascapular nerve area on the right and some tenderness on the facets of T1 to T3 on the right side. The recommendation was for a selective cervical epidural steroid injection (ESI). Authorization was requested for medications. On 12/31/2014, Utilization Review (UR) non-certified a request for Norco 10/325mg one by mouth every 12 hours for severe pain and Skelaxin 800mg one by mouth every night at bedtime. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 by mouth every 12 hours for severe pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the neck, and right shoulder along with tingling and numbness in the fingers and intermittent headaches. The current request is for Norco 10/325 mg 1 by mouth every 12 hours for severe pain "Hydrocodone, an opioid" per the 12/23/14 RFA. The patient is working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed Hydrocodone since at least March 2014. Pain is routinely assessed through the use of pain scales. Reports from 05/13/14 to 12/09/14 show pain exacerbated by activity decreased from 7/10 to 5-6/10. However, the reports do not state if this is pain with or without medication. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales. The patient is working. Opiate management issues are partially addressed. The treater states a UDS sample was collected on 12/09/14 and a UDS report is provided from 03/07/14 showing the presence of Hydrocodone and no other opiates. However, adverse side effects and adverse behavior are not discussed. In this case there is not sufficient documentation of analgesia and opiate management to support long-term opioid use as required by MTUS. The request IS NOT medically necessary.

Skelaxin 800mg 1 by mouth every night at bedtime: 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: The patient presents with pain in the neck, and right shoulder along with tingling and numbness in the fingers and intermittent headaches. The current request is for Skelaxin 800 mg 1 by mouth every night at bedtime per the 12/23/14 RFA. The patient is working. MTUS page 61 states this medication is, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP." "Metaxalone is a muscle relaxant that is reported to be relatively non-sedating." The treater does not discuss the intended use of this medication in the reports provided for review. In this case, the medication is indicated for lower back pain which is not documented for this patient; however, it does appear to be a second line option as the patient is prescribed an opioid. However, guidelines state use is for short-term

pain relief, and the patient has been prescribed the medication on a long term basis from at least 05/13/14 to 12/09/14. The request IS NOT medically necessary.