

Case Number:	CM15-0125621		
Date Assigned:	07/10/2015	Date of Injury:	10/15/2009
Decision Date:	08/06/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 65-year-old male who sustained an industrial injury on 10/15/09. Diagnosis is failed back surgery syndrome status post 3 level fusion. In a progress report dated 3/24/15, the treating physician notes the injured workers pain score is 7/10. Medications are Metaxalone 800 mg 3 times a day, MS Contin 30mg once per day, Bupropion 300mg once per day, Tizanidine 4 mg two pills at bedtime, Diazepam 5mg one pill per day, and Hydrocodone 10mg seven pills per day. He is functional on this regimen. The treatment plan is to refill medications and follow up in 30 days. In a progress note dated 5/26/15, the treating physician reports the injured worker's pain level at 6/10. He complains of low back pain with episodic pain radiating down his legs with more on the right side. His symptoms are reasonably stable, functional, he is able to drive and sit through dinner. He is experiencing a decrease in his sleep pattern through the night. He has stopped taking Wellbutrin with no increase in symptoms. He uses a cane and his gait favors his right. He has mild to moderate pain with extension and rotation on lumbar range of motion. Faber's test is positive on the right and there is tenderness over the right sacroiliac joint and greater trochanteric bursa. A urine drug screen was done 9/23/14. The plans are Alprazolam 1mg each night #15 and discontinue Norco and start Oxy IR 10mg #210. Work status is that he is disabled. The requested treatment is Metaxalone 100mg, quantity 90 (30 day supply), Diazepam 5mg, quantity 30 (10 day supply), and Oxycodone 10mg, quantity 210 (30 day supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Metaxalone tab 100 mg Qty 90 (30 day supply) with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant sustained a work-related injury in October 2009 and continues to be treated for low back pain with episodic lower extremity radiating symptoms and with a diagnosis of post-laminectomy syndrome. When seen, he was using a cane. There was mild to moderate lumbar pain with extension. There was right sacroiliac joint tenderness and positive right Fabere testing. OxyIR and MS Contin were prescribed. MS Contin was being dosed one time per day. The total MED (morphine equivalent dose) was 135 mg per day. Tizanidine, Metaxalone, and Diazepam were being prescribed. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory medication in pain and overall improvement. Skelaxin (Metaxalone) is a relatively non-sedating muscle relaxant. Its effect is presumed to be due to general depression of the central nervous system rather than by inhibiting spasticity. It is recommended with caution as a second-line option for acute low back pain and for short-term pain relief in patients with chronic low back pain. In this case, the quantity being prescribed is consistent with ongoing long term use. Tizanidine and Diazepam were also being prescribed. The request for Metaxalone is not medically necessary.

Diazepam tab 5 mg Qty 30 (10 day supply) with 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Page(s): 24.

Decision rationale: The claimant sustained a work-related injury in October 2009 and continues to be treated for low back pain with episodic lower extremity radiating symptoms and with a diagnosis of post-laminectomy syndrome. When seen, he was using a cane. There was mild to moderate lumbar pain with extension. There was right sacroiliac joint tenderness and positive right Fabere testing. OxyIR and MS Contin were prescribed. MS Contin was being dosed one time per day. The total MED (morphine equivalent dose) was 135 mg per day. Tizanidine, Metaxalone, and Diazepam were being prescribed. Diazepam is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of this condition. This request is not medically necessary.

Oxycodone tab 10 mg Qty 210 (30 day supply) with 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in October 2009 and continues to be treated for low back pain with episodic lower extremity radiating symptoms and with a diagnosis of post-laminectomy syndrome. When seen, he was using a cane. There was mild to moderate lumbar pain with extension. There was right sacroiliac joint tenderness and positive right Fabere testing. OxyIR and MS Contin were prescribed. MS Contin was being dosed one time per day. The total MED (morphine equivalent dose) was 135 mg per day. Tizanidine, Metaxalone, and Diazepam were being prescribed. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing of Oxycodone at this dose is not medically necessary.