

Case Number:	CM15-0175329		
Date Assigned:	09/16/2015	Date of Injury:	03/13/2006
Decision Date:	10/16/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 36 year old male injured worker suffered an industrial injury on 3-13-2006. The diagnoses included chronic lumbosacral strain with underlying discopathy, chronic back pain, lumbar radiculopathy and lumbar sprain. On 8-11-2015, the treating provider reported lower back pain rated 4 out of 10 with medications and 8 out of 10 without medications. Activity level had remained the same per provider. Consistent urine drug screen 4-21-2015 and consistent CURES report 3-24-2015. On exam, the gait was altered with lumbar range of motion that was restricted with tenderness over the sacroiliac joints. There was hypertonicity, spasms and tight muscle bands on the lumbar spine. Prior treatments included medications and physical therapy. Skelaxin and Vicodin had been in use at least since 3-24-2015. The diagnostics included consistent urine drug screen 8-11-2015. The Utilization Review on 8-18-2015 determined non- certification for Vicodin 5/300mg, daily as needed #30 with 1 refill and Skelaxin 800mg, 4 times a day as needed #120 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg, daily as needed #30 w/ 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids for chronic pain.

Decision rationale: Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Vicodin for several months. The pain score reduction attributed to Vicodin is unknown since the claimant was on NSAIDS as well as Tricyclics. There was no mention of Tylenol or weaning failure. The continued and chronic use of Vicodin is not medically necessary.

Skelaxin 800mg, 4 times a day as needed #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Metaxalone (Skelaxin).

Decision rationale: According to the guidelines, Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. There was no mention of failure of other muscle relaxants. The claimant was on Skelaxin for several months. Long-term use is not recommended. Continued use of Skelaxin is not medically necessary.