

Case Number:	CM13-0019208		
Date Assigned:	10/11/2013	Date of Injury:	05/10/2013
Decision Date:	02/25/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Sports Medicine, and is licensed to practice in New York and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 36-year-old injured worker who reported an injury on 05/10/2013. The mechanism of injury was twisting of her back. The patient was diagnosed with lumbar myofascial sprain/strain, lumbar/lumbosacral disc degeneration, lumbar spondylosis without myelopathy, cervical radiculitis, and cervical disc degeneration. The documentation states the patient continued to complain of pain in her low back. The patient had been taking Skelaxin with benefit. However, the Duexis 800/26.6 mg has not been covered and the patient has not been taking their prescribed medication since the last visit. The patient reported her condition was unchanged, and that she completed 4 sessions of physical therapy with slight benefit. The patient complained of headaches with use of hot packs while during 1 of her physical therapy exercises; patient reported a slight decrease in pain in her back, but increase burning sensation. The patient's current medications are Duexis 800 mg/26.6 mg 1 tablet by mouth 3 times a day with meals and Skelaxin 800 mg 1 tablet by mouth 3 times a day as needed. The patient had some tenderness over the lumbar paravertebral musculature, and decreased range of motion. The patient was recommended to continue ice and heat to the areas of discomfort, continue home exercise program, and continue over-the-counter non-steroidal anti-inflammatory drugs. A recommendation of an EMG/NCV, and re-authorization for physical therapy for the cervical spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Nerve conduction studies.

Decision rationale: The California MTUS states electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. According to the medical records provided for review, the patient continued to complain of low back pain; however, there were no unequivocal objective findings that identified specific nerve compromise on the neurological exam. The Official Disability Guidelines state there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The patient continued to complain of pain in their lower back. The clinical documentation submitted for review does not indicate the patient was having any complaints of the cervical spine to necessitate a nerve conduction velocity study. The request for a EMG/NCV of the bilateral upper extremities, is not medically necessary and appropriate.

Skelaxin 600mg, quantity 60: 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 California MTUS states Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. The patient continued to complain of low back pain. However, there is no indication of failure of a first-line option for short-term pain relief. Also, no documentation was submitted to show how long the patient has been taking Skelaxin. The request for Skelaxin 600mg, quantity 60, is not medically necessary and appropriate.

Duexis 800mg, quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The California MTUS states NSAIDs are effective, although may cause gastrointestinal irritation or ulceration or, less commonly, a renal or allergic problem. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair

bone, muscle, and connective tissue healing and perhaps cause hypertension. Guidelines also state NSAIDs are recommended as an option for short-term symptomatic relief. The patient continued to complain of pain of the low back. However, the clinical documentation submitted for review does not indicate how long the patient has been taking Duexis as guidelines recommend a short-term course for NSAIDs. The request for Duexis 800mg, quantity 90, is not medically necessary and appropriate