

<b>Case Number:</b>	CM13-0039413		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/05/2008
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California. 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:

This is a 56 year old male Heavy Equipment Operator for [REDACTED] who is currently being treated for symptoms related to the left shoulder. The patient has a date of injury on 08/05/08. The most recent medical report is a PR-2 dated 07/19/13 by [REDACTED] that states that the patient's main complaint is neck pain radiating to the shoulders down the arms and into the hands. The patient also complains of severe low back pain. The patient's pain score is 5/10 right now and averaged 6/10 over the preceding week. Objective: none Diagnosis: 1. Bilateral shoulder sprain and strain in S/P surgery on both shoulders in past. Office visit note dated 07/19/13 [REDACTED] PR2; Subjective: The patient's main complaint is neck pain radiating to the shoulders down the arms and into the hands. The patient also complains of severe low back pain. The patient's pain score is 5/10 right now and averaged 6/10 over the preceding week. Objective: none Diagnosis: 1. Bilateral shoulder sprain and strain in S/P surgery on both shoulders in past (840.9) 2. Bilateral shoulder pain (719.41) 3. Chronic pain syndrome (338.4) 4. Chronic pain related to somnolence (327.01) 5. Myofascial syndrome (729.1) 6. Neuropathic pain (729.2) Treatment Plan: 1. Request authorization for: Diagnostic test- Lab, Urine Drug Screen. 2. Continue on Sertraline PM 1-2 PO qHS for insomnia #50 3. Refill Exalgo 12mg #60 4. Refill Norco 10/325 mg#150 5. Refill Skelaxin BOO mg #90 6. Refill Elavil 25 mg #60 7. Refill Lyrica 150 mg #60 B. Refill Miralax #2 bottles 473 ml 9. Continue Prednisone 10 mg #60

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prednisone 10mg #60 (with 0 refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 61. Decision based on Non-MTUS Citation Oral Corticosteroids and Official Disability Guidelines (ODG), TWC- Chronic Pain, Oral Steroids.

**Decision rationale:** Regarding Prednisone 10 mg #60 (with 0 refills), there is no documentation to support ongoing use of this medication. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. The previous UR Physician made a partial certification with approval of Prednisone 10 mg: 50.00 to allow for tapering and discontinuation. The request is not certified.

**Lab, Urine Drug Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 75,76 -78, 80.

**Decision rationale:** With respect to Urine Drug Screening, the guidelines, recommends using a urine drug screen to assess for the use or the presence of Illegal drugs and for on-going management of opioids . Noting the chronic use of opioids, there is appropriate indication for random, periodic urine drug testing to assess for compliance. However, excessive and overly comprehensive testing is not supported as medically necessary. The date and results of last urine drug screens are not provided. The panel size is not provided. Based on the currently available information, the medical necessity for comprehensive Urine Drug Screening for this patient has not been established

**Skelaxin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 61 and 65.

**Decision rationale:** Regarding Skelaxin 800 mg #30, it is 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 musclecle relaxant that is reported to be relatively non-sedating. Guidelines do not recommend long-term use of muscle relaxants. There are muscle spasms documented on the physical exam of the patient; however, there is no documented functional improvement from any previous use of muscle relaxants in this patient. Therefore the prescription of Skelaxin 800 mg, # 30 is not medically necessary.

