MAXIMUS Federal Services

Case Number:	CM13-0064171		
Date Assigned:	01/15/2014	Date of Injury:	05/08/2002
Decision Date:	05/20/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/11/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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 48 year old female who was injured initially on 05/08/2002 with complaints of constant pain in the neck and right UT region and frequent aching in the right arm. She has current exacerbation of symptoms was in April, when a patient grabbed on to her right arm. The orthopedic follow-up dated 12/16/2013 indicated the patient had complaints of continued pain localized to the right side of the neck in the cervical paraspinal region. She has had sustained relief of her right shoulder pain following the shoulder arthroscopy. Objective findings on exam revealed with the cervical range of motion, there was mild guarding with pain and stiffness; Spurling's testing was negative. She had normal motor and sensory exam. There was no Hoffmann's reflex. The patient was diagnosed with chronic neck pain without radiculopathy and cervical degenerative disc disease. The patient noted she has had continued pain despite chiropractic care, physical therapy, and over the counter anti-inflammatories and pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75, 80.

Decision rationale: According to the CA MTUS guidelines, Vicodin "Hydrocodone" is recommended for chronic pain but limited for short term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. The medical records document the patient had complaints of continued pain localized to the right side of the neck in the cervical paraspinal region. She has had sustained relief of her right shoulder pain following the shoulder arthroscopy Objective findings on exam revealed with the cervical range of motion, there was mild guarding with pain and stiffness, the patient had normal motor and sensory exam. There was no Hoffmann's reflex. The patient was diagnosed with chronic neck pain without radiculopathy and cervical degenerative disc disease. The patient's pain has had continued despite chiropractic care, physical therapy, and over the counter anti-inflammatory and pain medication. In the absence of documented obvious improvement in pain and function, the request is not medically necessary according to the guidelines.

SKELAXIN 800MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 61, 63.

Decision rationale: According to the CA MTUS guidelines, Metaxalone (SkelaxinÂ®) is recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The medical records document the patient had continued pain on the right side of the neck with no signs of radiculopathy. In the absence of documented failed attempts on the 1st line treatment medication, any flare up symptoms and an obvious improvement of pain and function on this medication, the request is not medically necessary according to the guidelines.