

Case Number:	CM13-0067667		
Date Assigned:	01/03/2014	Date of Injury:	03/10/2012
Decision Date:	04/07/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/18/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 37 year old male presenting with low back pain following a work related injury on 03/10/2012. The claimant complained of constant low back pain right shoulder pain in the acromioclavicular region which worsens with abduction and overreaching, mid back pain, neck pain that is dull and achy, anxiety and depression, insomnia, headaches and gastrointestinal upset due to medications. The physical exam was significant for muscle spasms in the lumbar spine, left greater than right and associated with tenderness in the par lumbar muscles, reduced range of motion in all planes except extension, positive straight leg raise on the left side producing pain in the buttocks and thighs in both the sitting and supping positions, mild muscle spasm with mild tenderness in the paraspinal muscles from T3-7 and T9-11 bilaterally, mild tenderness in the mid paraspinal muscles bilaterally, reduced range of motion in the cervical spine, positive spur lings test bilaterally with scapula pain, slight to moderate tenderness of the acromioclavicular region on the right side with mildly positive impingement sign and reduced range of motion of the right shoulder, as well as slightly depressed mood, and slow gait due to low back pain. The medical records noted that the patient is not permanent and stationary/ remains totally disabled and needed further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 50MG TID PRN #90:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Nucynta 50 mg TID/PRN # 90 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was totally disabled and unable to work. The claimant has long-term use with this medication and there was a lack of improved function with this opioids; therefore the requested medication is not medically necessary.

SKELAXIN 800MG PID PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodic Page(s): 29.

Decision rationale: Skelaxin 800mg PID/PRN # 60 is not medically necessary. CA MTUS Recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Skelaxin is a non-sedating muscle relaxant that may have a tendency for acquired dependence. Per Ca MTUS long-term use is not recommended; therefore it is not medically necessary.