

Case Number:	CM13-0070808		
Date Assigned:	04/07/2014	Date of Injury:	05/12/1995
Decision Date:	06/13/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 Occupational Medicine, 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 an employee of [REDACTED] and has submitted a claim for chronic low back pain with right S1 radiculopathy, chronic right shoulder and left knee problem associated with an industrial injury date of 02/20/2001. Treatment to date has included laminectomy and discectomy with posterolateral fusion at L5-S1 on 10/31/1997, removal of fusion hardware on 10/06/2000, decompressive laminectomy and bilateral foraminotomy at L5-S1, with L4-L5 posterior lumbar interbody fusion using pedicle screws and titanium rods on 10/22/2003, permanent spinal cord stimulator, physical therapy, lumbar epidural steroid injection, and back brace. Current medications include Lipitor, Triamterene, Protonix, Fluticasone nasal spray, fiber capsule, Zantac, Toprol, Diclofenac sodium, Skelaxin, Lunesta, Norco, Neurontin, Metaxalone, Celebrex, Duragesic patch, and DLC cream. Medical records from 2010 to 2014 were reviewed showing that patient complained of low back pain graded 8/10 radiating down to the posterior aspect of bilateral lower extremities to the knee. It was described as constant, deep ache, with intermittent shooting pain. Pain was aggravated by sitting, standing or walking for prolonged periods of time. Patient likewise complained of right wrist pain described as constant tightness with intermittent hot burning sensation. He reported to have pain relief with increased function upon using Norco and Duragesic patch. No adverse reactions such as euphoria / dysphoria were noted. Grip strength on dynamometer was 52 kg force on the right and 48 kg force on the left. Patient manifested with antalgic gait and ambulated with SPC. Range of motion of hip towards flexion was 120 degrees bilaterally. Motor strength for left hamstrings, quadriceps, gastrocnemius and tibialis anterior was graded 4/5. There was decreased reflex in Achilles / patella over the right. Sensation was intact. Utilization review from 11/26/2013 was reviewed. The official document is not included in the records submitted. Requested medications as well as decision for each are unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKELAXIN 400MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, Metaxalone (Skelaxin) is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. It is reported to be a relatively non-sedating muscle relaxant. The medical records provided for review include a progress report stating the use of this medication was dated 09/23/2008. Patient is currently being prescribed simultaneously with Skelaxin 400mg, 1 tablet four times a day and Metaxalone 800mg, 1 tablet four times a day. The medical records provided for review did not indicate that the employee has been taking this medication as a needed basis only for acute flares of muscle spasms. The most recent physical examination failed to document presence of muscle spasm. The request for Skelaxin 400mg is not medically necessary and appropriate.

METAXALONE 800MG # 120: 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.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, Metaxalone (Skelaxin) is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. It is reported to be a relatively non-sedating muscle relaxant. The medical records provided for review include a progress report stating the use of this medication was dated 09/23/2008. Patient is currently being prescribed simultaneously with Skelaxin 400mg, 1 tablet four times a day and Metaxalone 800mg, 1 tablet four times a day. The medical records provided for review did not indicate that the employee has been taking this medication as a needed basis only for acute flares of muscle spasms. The most recent physical examination failed to document presence of muscle spasm. The request for Metaxalone 800 mg is not medically necessary and appropriate.

DLC CREAM: 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 Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, Metaxalone (Skelaxin) is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. It is reported to be a relatively non-sedating muscle relaxant. The medical records provided for review include a progress report stating the use of this medication was dated 09/23/2008. Patient is currently being prescribed simultaneously with Skelaxin 400mg, 1 tablet four times a day and Metaxalone 800mg, 1 tablet four times a day. The medical records provided for review did not indicate that the employee has been taking this medication as a needed basis only for acute flares of muscle spasms. The most recent physical examination failed to document presence of muscle spasm. The request for Skelaxin 400mg is not medically necessary and appropriate.

LUNESTA 3MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines (ODG) states that Eszopiclone (Lunesta) is a first-line medication for insomnia with potential for abuse and dependency. In this case, the earliest progress report stating the use of this medication was dated 09/23/2008. There was no recent discussion concerning the patient's sleep hygiene. Moreover, the records reviewed lacked documentation to support improved sleep patterns while taking Lunesta. The request for Lunesta 3mg, #30 is not medically necessary and appropriate.

CELEBREX 200 MG # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 111.

Decision rationale: As stated on page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, a comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic low back pain. COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Page 111 states that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing, thus, it is only indicated for short-term use. In this case, the patient has chronic type of low back pain since the

injury occurred in 2001. Patient has been prescribed with Celebrex since 2010 which does not meet guideline criteria of short term use. Medical records submitted for review did not indicate any gastrointestinal complaints that will necessitate the use of selective COX-2 inhibitor over a nonselective NSAID. Furthermore, there is no documented evidence of functional gains derived from its use. The guideline criteria has not been met. Therefore, the request for prescription of Celebrex 200mg, #30 is not medically necessary.