

<b>Case Number:</b>	CM13-0071463		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 44-year-old male who reported an injury on 08/26/2009 after he assisted a coworker into a wheelchair. The patient reportedly sustained an injury to his low back, cervical spine, and right shoulder. The patient's treatment history included injection therapy, physical therapy, a TENS unit, and multiple medications. The patient's most recent clinical evaluation documented that the patient had pain rated at 7/10 without medications that was reduced to 3/10 with medications. The clinical documentation submitted for review does indicate that the patient works for full-duty as result of the patient's medication schedule. It is noted that the patient recently had an acute flare-up of pain that did cause the patient to miss work for half a day. Physical findings included a positive straight leg raise test to the right with a slightly antalgic gait. It was noted that the patient was given a Toradol injection due to his acute exacerbation of low back pain. The patient's diagnoses include an L5-S1 spondylolisthesis, low back pain, lumbar degenerative disc disease, neck pain, shoulder pain, muscle pain, numbness, and thoracic or lumbosacral neuritis or radiculitis. The patient's treatment plan included continuation of medications and the addition of tramadol to assist with flare-ups of low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested Skelaxin 800 mg #240 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the long-term use of muscle relaxants in the management of chronic pain. The clinical documentation does indicate that the patient has been on this medication since 11/2012. Therefore, continued use of this medication would not be supported. Additionally, the request as it is written does not provide a frequency. Therefore, the appropriateness of this medication cannot be determined. As such, the requested Skelaxin 800 mg #240 is not medically necessary or appropriate.

**Ultram 50mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** The requested Ultram 50 mg #100 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the initiation of an opioid be supported by a urine drug screen, and an opioid pain contract. The clinical documentation submitted for review does not provide any evidence the patient has entered into a pain contract with the treating physician. Additionally, there was no documentation that the patient underwent a urine drug screen prior to initiation of opioid therapy. Additionally, the request does not include a frequency. Therefore, the appropriateness of the request cannot be determined. As such, the requested Ultram 50 mg #20 is not medically necessary or appropriate.

**Motrin 800mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 68.

**Decision rationale:** The requested Motrin 800 mg #240 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of NSAIDs as a first-line medication for chronic pain. Also, California Medical Treatment Utilization Schedule recommends that the use of medications in chronic pain be supported by documentation of functional benefit and pain relief. The clinical documentation submitted for review does indicate that the patient has a reduction in pain and has functional benefit resulting from medication usage. However, the request as it is submitted does not provide a frequency.

Therefore, the appropriateness of this medication cannot be determined. As such, the requested Motrin 800 mg #240 is not medically necessary or appropriate.