

Case Number:	CM14-0001655		
Date Assigned:	01/22/2014	Date of Injury:	11/15/2012
Decision Date:	06/12/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/06/2014

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 Orthopedic Surgery, 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 records presented for review indicate that this 35-year-old female was injured on November 15, 2012. To date the claimant has been treated with with epidural steroid injections, muscle relaxers, physical therapy, NSAIDs, and analgesic medications. The current diagnosis is noted as sciatica. There are ongoing complaints of low back pain, rated 5/10. The records also reflect that carrying appropriate equipment for her occupation exacerbated the low back pain. There was tenderness to palpation of the sequelae joints at a sciatic notch. Strength and sensation are noted to be within normal limits. Upon review of the clinical documents provided, there is no documentation of G.I. distress. The review in question was rendered on December 4, 2013. The reviewer noncertified the requests for Skelaxin noting that the MTUS does not support chronic use of this medication. Additionally, the reviewer notes that spasticity was not documented. Arthrotec was noncertified noting that is used for the treatment of osteoarthritis rheumatoid arthritis in individuals at high risk of developing stomach or intestinal ulcers.

IMR ISSUES, DECISIONS AND RATIONALES

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

METAXALONE (SKELAXIN) 800MG, #30: Upheld

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

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

Decision rationale: The use of this medication is indicated for short-term applications only. This is a clear chronic situation and the MTUS Chronic Pain Guidelines does not support the indefinite use of muscle relaxant medication. Therefore, there is insufficient clinical evidence presented support this request. The request is not medically necessary and appropriate.

DICLOFENAC-MISOPROSTOL (ARTHROTEC) 75-200MG, #50: Upheld

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

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

Decision rationale: There is a clinical indication for the use of non-steroidal medications in the acute phase, flair up stage, or other limited events. As outlined in the MTUS Chronic Pain Guidelines, the indefinite use of this type of non-steroidal medication is not supported. Based on the limited records presented for review there is no data presented outlining why this particular non-steroidal is warranted or any evidence of G.I complaints. As such, based on the limited clinical information, this request is not medically necessary and appropriate.