

Case Number:	CM14-0004325		
Date Assigned:	02/03/2014	Date of Injury:	06/08/1994
Decision Date:	06/20/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 61 year old female who reported an injury on 06/08/1994. The mechanism of injury was not provided. The medication history included the use of Metanx and Skelaxin as of 09/2013. The clinical documentation dated 12/03/2013 revealed the injured worker had complaints of chronic severe low back pain. The pain was radiating down into the lower extremities, worse on the right. It radiated up to the neck from the low back. The previous treatments included a cervical epidural injections and medication management. The injured worker indicated that the average pain without medications was 10/10 and with medications was 7/10. It was indicated the medications prescribed kept the patient functional, and allowed for increased mobility and tolerance of activities of daily living and home exercise. The physical examination revealed bilateral lumbar spasms. The diagnoses included postlaminectomy syndrome lumbar region and lumbar spondylosis without myelopathy, pain in thoracic spine, degenerative lumbar/lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, and cervical spondylosis without myelopathy. The treatment plan included renewal of medications: Duragesic 100 mcg per hour one every 3 days, Opana ER 40 mg XR 12 hour tablets up to 3 per day as need, Skelaxin 800 mg 1 by mouth 3 times a day as needed spasms intermittent use only, Lyrica 100 mg 1 by mouth 4 times a day for neuropathic pain, Metanx 3-35-2 mg tablets 1 by mouth twice a day, Flector 1.3% patch apply 1 every 12 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKELAXIN 800 MG TABL TID AS NEEDED #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN), 63-66

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 3 months. There was a lack of documentation of objective functional benefit received from the medication. The physical examination revealed the injured worker continued to have muscle spasms. Given the above, and the lack of documentation of objective functional benefit and a decrease in muscle spasms, the request is not medically necessary.

METANX 3-35-2MG TABL BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Foods Other Medical Treatment Guideline or Medical Evidence:
<http://www.drugs.com/search.php?searchterm=Metanx>

Decision rationale: Per Drugs.com, Metanx contains l-methylfolate with vitamin B6 and B12. The Official Disability Guidelines indicate that medical food is recommended if it is labeled for the dietary management of a specific medical disorder, disease, or condition for which there are distinct nutritional requirements. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 3 months. There was a lack of documentation indicating the injured worker had a specific medical disorder, disease, or condition for which there were distinctive nutritional requirements and the medication was required. There was also a lack of documented efficacy. Given the above, the request is not medically necessary.