

Case Number:	CM14-0007828		
Date Assigned:	02/10/2014	Date of Injury:	03/19/2008
Decision Date:	06/09/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/17/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 53 year old female who sustained an injury on 03/19/08. Mechanism of injury was not indicated in the clinical records. The injured worker was followed for ongoing complaints of chronic right knee pain. Prior treatment included multiple medications including Nucynta Neurontin Lodine Skelaxin and Tylenol for chronic pain. The injured worker attended a number of physical therapy sessions through 09/27/13. The injured worker also had prior lumbar sympathetic blocks without substantial relief. The injured worker described poor sleep and more frequent tripping and falling at home. The injured worker described decreased activity levels but also reported that her medications were working well. As of 11/19/13 the injured worker was utilizing Lodine 400mg twice daily and Skelaxin 800mg once daily. At this evaluation the injured worker identified antalgic gait that was stooped and unsteady. Range of motion was limited in the right shoulder. Tenderness to palpation was noted in the right knee. No instability was identified. There was some non-pitting edema at the right knee. The injured worker was diagnosed with reflex sympathetic dystrophy. Recommendations were to continue with gabapentin and Nucynta and Skelaxin. Follow up on 12/24/13 indicated that the numbness had increased in the right lower extremity. Physical examination was relatively unchanged at this visit. Both Skelaxin and Lidoderm were continued at this visit. Skelaxin and Lidoderm were non-certified by utilization review on 01/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE LODINE 400MG (#60) AS PRESCRIBED ON 12/24/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Page(s): 67.

Decision rationale: In regards to Lodine 400mg quantity 60 prescribed 12/24/13, the clinical documentation submitted for review would not have supported the ongoing use of this medication. Lodine is an anti-inflammatory and per guidelines long term chronic use of anti-inflammatories is not recommended for chronic musculoskeletal pain. From the clinical documentation submitted for review there was no indication that the injured worker had any recent exacerbation or flare ups of chronic musculoskeletal conditions which would supported temporary use of anti-inflammatories only. The clinical notes established that the injured worker had been taking Lodine for an extended period of time without any clear functional benefit attributed to the medication. Given the lack of any clear indications that the injured worker was being provided Lodine for acute exacerbation of chronic musculoskeletal pain, this reviewer would not have recommended this medication as medically necessary.

RETROSPECTIVE SKELAXIN 800MG (#30), AS PRESCRIBED ON 12/24/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63-67.

Decision rationale: In regards to Skelaxin 800mg quantity 30 prescribed 12/24/13 the clinical documentation submitted for review would not have supported the ongoing use of this medication. Lodine is a muscle relaxant, and per guidelines long term chronic use of muscle relaxants is not recommended for chronic musculoskeletal pain. From the clinical documentation submitted for review there was no indication that the injured worker had any recent exacerbation or flare ups of chronic musculoskeletal conditions which would supported temporary use of muscle relaxants only. The clinical notes established that the injured worker had been taking Skelaxin for an extended period of time without any clear functional benefit attributed to the medication. Given the lack of any clear indications that the injured worker was being provided Skelaxin for acute exacerbation of chronic musculoskeletal pain, this reviewer would not have recommended this medication as medically necessary.