

Case Number:	CM14-0013793		
Date Assigned:	02/26/2014	Date of Injury:	01/16/2006
Decision Date:	07/14/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal 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 Physician 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:

This is a 55-year-old female patient with a 1/16/06 date of injury. She injured herself when she stepped in a hole in the company parking lot. A 1/9/14 progress report indicated that the patient continued to complain of pain in the lower back and right leg, 6/10 in the lower back and 7/10 in the foot and ankle. Physical exam revealed that flexion and extension was limited due to pain, and there was tenderness in the lumbar spine and sacroiliac areas. There was myofascial pain on palpation, more in the lumbar area. She was diagnosed with right lower extremity complex regional pain syndrome, grade 1 L4-5 spondylolisthesis, L5 radicular pain and severe reactive depression. Treatment to date: medication management (Mobic, Skelaxin, Percocet, cyclobenzaprine) and physical therapy. There is documentation of previous 1/24/14 adverse determination, based on a fact that there was no documentation to support failure of first line therapeutic options, before Skelaxin. Regarding Medrox patches, there was no clear rationale for using this medication as opposed to supported alternatives.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKELAXIN 800MG APPROXIMATELY TWICE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. However, there was no documentation to support the long-term use of two muscle relaxants, Skelaxin and cyclobenzaprine. There was no evidence of acute exacerbations of lower back or lower extremity pain to support the short-term use of muscle relaxants. In addition, the injured worker is noted to be on Mobic, an NSAID, and MTUS indicates there is no additional benefit of a muscle relaxant shown in combination with NSAIDs. Therefore, the request for skelaxin 800mg approximately twice daily was not medically necessary.

MEDROX PATCH TO THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: Regarding Medrox patches, a search of online resources identified Medrox Patches to contain 0.0375% Capsaicin, 5% Menthol, and 5% Methyl Salicylate. The California MTUS Chronic Pain Medical Treatment Guidelines indicate that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. The California MTUS Chronic Pain Medical Treatment Guidelines do not accept capsaicin at a concentration greater than 0.025%. There is no clear rationale for using this medication as opposed to supported alternatives. Therefore, the request for Medrox patch to the low back was not medically necessary.