

Case Number:	CM14-0110937		
Date Assigned:	08/01/2014	Date of Injury:	04/29/2003
Decision Date:	09/09/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/16/2014

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 and is licensed to practice in Ohio and 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 48-year-old who reported an injury on April 9, 2003 caused by an unspecified mechanism. The injured worker's treatment history included medications, urine drug screen, and psychology sessions. The injured worker had a urine drug screen on July 19, 2013 that was positive for opiates. She was evaluated on August 26, 2013 and it was documented that the injured worker complained of neck pain, and right shoulder pain with no improvement. The provider noted the injured worker continued with depression and anxiety with no improvement. The findings on physical examination revealed no change to her medical diagnoses at that time. Medications included Abilify 10 mg, Zanaflex 4 mg, Geodon 60 mg, Norco 10/325 mg, Lyrica 75 mg, and Cymbalta 60 mg. The provider failed to indicate the injured worker's VAS measurements while on medications. Diagnostic studies included DJD (degenerative joint disease) osteoarthritis, localized, prim, involved shoulder region, anxiety stress predominant disturbance of emotions, and depressive disorder. The Request for Authorization or rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's functional status, evaluation of risks for aberrant drug use behaviors and side effects. In addition, it is not indicated how long the injured worker had been utilizing this medication. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for Norco 10/325 mg 180 count is not medically necessary or appropriate.

Skelaxin 800mg ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant & Skelaxin Page(s): 63-64.

Decision rationale: The requested service is non-certified. According to the Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP (low back pain) cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. The guideline also state Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with Chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin).is a muscle relaxant that is reported to be relatively non-sedating. The documentation submitted lacked evidence of outcome measurements of conservative care such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on her long term-goals of functional improvement of her home exercise regimen. In addition, the request lacked frequency, and duration of the medication. As, such, the request for Skelaxin 800mg ninety count is not medically necessary or appropriate.

Baclofen 20mg sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 63-64.

Decision rationale: According to the Chronic Pain Medical Treatment Guideline recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing

pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The guideline also states that Baclofen It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non- FDA approved. The documentation submitted lacked evidence of outcome measurements of conservative care such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on her long term-goals of functional improvement of her home exercise regimen. In addition, the request lacked frequency, and duration of the medication. As, such, the request for Baclofen 20mg sixty count is not medically necessary or appropriate.