

Case Number:	CM14-0164825		
Date Assigned:	10/23/2014	Date of Injury:	09/26/2007
Decision Date:	11/21/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of September 26, 2007. A utilization review determination dated September 26, 2014 recommends non certification of Esic and a Skelaxin refill. Certification is recommended for hydrocodone and Skelaxin. A progress report dated October 17, 2014 identifies subjective complaints of neck and low back pain. The patient states that the medication that she takes for her back does nothing for her neck and headaches. She would like a medication to allow her to continue to work and function well. Her pain is rated as 6/10. Previously prescribed medications include Lidoderm, Skelaxin, Lorzone, and Hydrocodone/Acetaminophen. Physical examination findings revealed tenderness in the lumbar spine, antalgic gait, and normal sensation and strength in the lower extremities. The cervical spine also has tenderness to palpation with positive Spurling's test. Diagnoses include sacroiliitis and lumbosacral spondylosis. The treatment plan states "Esic is the only medication that has controlled her headaches related to her cervical spondylosis. She is unable NSAIDs. Muscle relaxants make her drowsy." The patient is working full time. Additionally, hydrocodone and Lorzone are prescribed. A progress report dated September 5, 2014 identifies subjective complaints of neck pain. The treatment plan states that medications decrease her pain and improve her function. Esic, Norco and Skelaxin were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

Decision rationale: Regarding the request for Metaxalone (Skelaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Metaxalone specifically is thought to work by general depression of the central nervous system. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Metaxalone (in terms of percent reduction in pain or specific examples of functional improvement). Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Metaxalone (Skelaxin) is not medically necessary.

Esgic 325/40/50mg #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesic agents (BCAs) Page(s): 23. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/esgic.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: Regarding the request for Esgic, Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesic (BCA) agents is not recommended for chronic pain. They go on to state that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. As such, the currently requested Esgic is not medically necessary.