

<b>Case Number:</b>	CM14-0174866		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	10/01/2004
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 1, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; multiple shoulder surgeries; cervical spine surgery; carpal tunnel release surgery; psychological counseling; and extensive periods of time off work. In a utilization review report dated October 16, 2014, the claims administrator denied a request for Skelaxin and partially approved a request for Oxycodone immediate release. The applicant's attorney subsequently appealed. In a Medical-Legal Evaluation dated April 24, 2014, the applicant reported ongoing complaints of neck pain, shoulder pain, wrist pain, low back pain, anxiety, depression, and sexual dysfunction. The applicant exhibited a markedly antalgic gait. The applicant was using a walker. The applicant was status post cervical spine surgery, right total shoulder replacement surgery, right carpal tunnel release surgery, and left shoulder arthroscopy, it was acknowledged. The applicant was described as a 'qualified injured worker,' implying that the applicant was not working. In a handwritten note dated July 31, 2014, the applicant reported ongoing complaints of neck, shoulder, arm, and low back pain. The applicant presented requesting new wrist braces. The applicant was using two canes and/or walker. The applicant was using a soft cervical collar, it was noted. The applicant was asked to continue the cervical collar, obtain wrist braces, and obtain a pain management referral. The attending provider stated that he supported the applicant's continuing medications on the grounds that the medications were providing some degree of relief. However, the attending provider did not expound upon the extent of the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Topic. Page(s): 63.

**Decision rationale:** While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Skelaxin are recommended for short-term use purposes, for acute exacerbations of chronic low back pain, in this case, however, the 90-tablet supply sought implies chronic, long-term, and/or scheduled use of Skelaxin. Such usage is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Oxy IR 15 mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off work. The applicant has been deemed a qualified injured worker, implying that the applicant is not working. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing opioid usage, including ongoing Oxycodone usage. The fact that the applicant is still using a cervical collar, wrist braces, and is using a walker to move about, taken together, does not make a compelling case for continuation of opioid therapy. Therefore, the request is not medically necessary.