

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0023903 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 02/09/2013 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 01/23/2014 |
| Priority: | Standard | Application Received: | 02/25/2014 |

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 37-year-old female with a reported date of injury on 02/09/2013. The injury reportedly occurred when the injured worker lifted a case of 24 bottles of water onto a customer's shopping cart and had pain in her back. Her diagnoses were noted to include degenerative disc disease, cervical radiculopathy, and cervical herniated nucleus pulposus. Her previous treatments were noted to include brace wear, modification of sleeping techniques, and medications. The progress note dated 01/09/2014 reported the injured worker complained of pain and discomfort from low back to hip and leg. The physical exam showed negative straight leg raising bilaterally, spasms to the lumbar spine, slight tenderness to the right sacroiliac joint, and no sensory or motor defects. The request of authorization form dated 02/27/2014 was for Skelaxin 800 mg 1 by mouth twice a day #200 with 1 refill and ibuprofen 800 mg 1 by mouth twice a day #200 with 1 refill, the provider's rationale is not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKELAXIN 800MG, #200 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The request for Skelaxin 800 mg #200 with 1 refill is not medically necessary. The injured worker has been taking this medication since 06/2013. The California 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 injured workers with chronic low back pain. The guidelines state muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs and pain and overall improvement. The guidelines also state efficacy appears to diminish over time, and prolonged use of medications in this class may lead to dependence. The documentation provided did show some mild asymmetric lumbar spine muscle spasming and slight tenderness to the right sacroiliac joint; however, there was not a numeric pain scale rating submitted. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

IBUPROFEN 800MG, #200 WIT 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory, Anti-inflammatories.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The request for ibuprofen 800 mg #200 with 1 refill is not medically necessary. The injured worker was taking this medication since 07/2013. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. NSAIDs may be considered for initial therapy for injured workers with mild to moderate pain, and for those with gastrointestinal, cardiovascular or renal vascular risk factors. The guidelines also state that NSAIDs are recommended as a second line treatment after acetaminophen in regard to acute exacerbations of chronic back pain and there is conflicting evidence that NSAIDs are more effective than acetaminophen. There is a lack of documentation regarding a pain scale rating for the injured worker's low back pain, as well as documented efficacy from previous prescription. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.