

<b>Case Number:</b>	CM14-0056368		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/19/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 27 year-old with a date of injury of 09/19/07. A progress report associated with the request for services, dated 03/03/14, 03/05/14, and 03/20/14, identified subjective complaints of low back pain. She was noted to have a history of nausea and heartburn with her medications. The patient's objective findings included a normal gait. Other visits reported tenderness to palpation of the lumbar spine and decreased range of motion. Diagnoses included cervical and lumbar disc disease and sciatica. Treatment had included facet joint radiofrequency ablation, trigger point injections, a functional restoration program, and oral medications including oral and topical analgesics, an anti-seizure agent, and muscle relaxant. A Utilization Review determination was rendered on 03/27/14 recommending non-certification of Skelaxin 800mg; Cognitive Behavioral Therapy; and Omeprazole 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Muscle Relaxants.

**Decision rationale:** Skelaxin (Metaxalone) is an anti-spasmodic muscle relaxant whose mechanism of action is unknown. The recommended dose is 800 mg three to four times a day. The Medical Treatment Utilization Schedule (MTUS) states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The Official Disability Guidelines (ODG) also state that muscle relaxants are commonly used for treatment of acute low back problems. They also note that skeletal muscle spasm is not universally accepted as a cause of symptoms, and the most commonly used muscle relaxants have no peripheral effect on muscle spasm. They further indicate that the combination of muscle relaxants and NSAIDs provides no benefit over NSAIDs alone. The patient has been on Skelaxin for a prolonged period. Likewise, it has not been prescribed in the setting of an acute exacerbation of symptoms. Therefore, based upon the Guidelines, the record does not document the further medical necessity for Skelaxin (Metaxalone).

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor (PPI) antacid. The Medical Treatment Utilization Schedule (MTUS) does not address their use related to medication gastrointestinal side-effects other than with NSAIDs. The Official Disability Guidelines (ODG) notes that PPIs are recommended for patients at risk for gastrointestinal events. It also notes that a trial of Omeprazole or Lansoprazole is recommended before non-generic Nexium (Esomeprazole). The record does not document the use of oral NSAIDs. Therefore, the medical record does not document the medical necessity for Omeprazole.

**Cognitive Behavioral Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy; Psychological Treatment Page(s): 35; 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive Behavioral Therapy.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) state that cognitive behavioral therapy (psychological treatment) is recommended for appropriately identified patients during treatment for chronic pain. The Official Disability Guidelines (ODG)

recommends up to 13-20 visits for cognitive behavioral therapy (CBT) over 7-20 weeks if progress is being made. In cases of major depression or post-traumatic stress disorder, up to 50 sessions are recommended if progress is being made. In this case, the record indicates that the patient was already certified for 12 sessions of cognitive therapy. Therefore, there is no documented medical necessity for a duplicate approval of cognitive behavioral therapy. Likewise, the current request does not specify the number of sessions.