

Case Number:	CM14-0065196		
Date Assigned:	07/11/2014	Date of Injury:	10/13/2009
Decision Date:	09/09/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/08/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 62-year-old female with a 10/13/09 date of injury. On 4/30/14 a request for authorization for prospective usage of Metaxalone and prospective usage of Baclofen, there was documentation of subjective (chronic low back pain and bilateral leg pain) and objective (lumbar spine tenderness to palpation, moderately over the lumbosacral region and upper buttocks, limited range of motion, positive straight leg raise, and hypoesthesia of entire right leg and foot) findings. Current diagnoses are degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, myofascial pain, lumbar postlaminectomy syndrome, and treatment to date. The medications included MS Contin, Norco, and Baclofen and Metaxalone. Medical report on 4/2/14 identifies that the patient has been taking the combination of Baclofen and Metaxalone to resolve severe muscle spasms. The patient takes Baclofen during the day for spasms and takes Metaxalone to help with muscle spasms (but only at night) since it makes the patient sleepy because the patient works during the day. In addition the medical report identifies that the patient has not indicated any adverse effects from this medication regimen, which has been used for a number of years. Furthermore, the 4/2/14 report identifies that the patient reports benefit from chronic pain medication maintenance regimen, with reduction of pain, increased activity tolerance, and restoration of partial overall functioning. There is no documentation of an acute exacerbation of chronic low back pain and that Metaxalone and Baclofen are being used as a second line option and for short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE USAGE OF METAXALONE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of a muscle relaxant. MTUS-definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, myofascial pain, and lumbar postlaminectomy syndrome. In addition, given documentation of benefit from chronic pain medication maintenance regimen, with reduction of pain, increased activity tolerance, and restoration of partial overall functioning, there is documentation of functional benefit or improvement as a result of Metaxalone use to date. However, there is no documentation of an acute exacerbation of chronic low back pain and that Metaxalone is being used as a second line option and for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for prospective usage of Metaxalone is not medically necessary.

PROSPECTIVE USAGE OF BACLOFEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of a muscle relaxant. MTUS-definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase

in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, myofascial pain, and lumbar postlaminectomy syndrome. In addition, given documentation of benefit from chronic pain medication maintenance regimen, with reduction of pain, increased activity tolerance, and restoration of partial overall functioning, there is documentation of functional benefit or improvement as a result of Baclofen use to date. However, there is no documentation of an acute exacerbation of chronic low back pain and that Baclofen is being used as a second line option and for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for prospective usage of Baclofen is not medically necessary.