

Case Number:	CM14-0082134		
Date Assigned:	07/21/2014	Date of Injury:	06/27/2012
Decision Date:	09/11/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/03/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 42-year-old female with a date of injury of 08/27/2012. The listed diagnoses per [REDACTED] are: 1. Status post MUA, right shoulder. 2. Low back pain. 3. Lumbar radiculopathy. According to progress report 04/11/2014, the patient presents with low back and bilateral shoulder complaints. Examination of the left shoulder revealed active range of motion in forward flexion 45 degrees, abduction 125 degrees, and external rotation 80 degrees. She is neurovascularly intact. Strength is 4+/5. Examination of the lumbar spine revealed paraspinal musculature tenderness. Range of motion is 60 degrees. Extension is 5 degrees. There is severe spasm noted. Sensory and motor function tests in the lower extremities demonstrated diminished sensation along the right L4 through S1 distributions. Straight leg raise is positive on the right in seated and supine position. Treater is requesting Motrin 800 mg and Skelaxin 800 mg for "pain and spasm."

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

Decision rationale: This patient presents with low back and bilateral shoulder complaints. The treater is requesting Skelaxin 800 mg. Review of the medical file including reports from 04/11/2014 through 06/07/2014 does not indicate the patient has taken this medication before. For Metaxalone (Skelaxin), the MTUS guidelines page 61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by ██████████ under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. Review of the medical file does not provide recommended dosing or duration of this medication. An open-ended prescription cannot be recommended. Recommendation is for denial.

Motrin 800mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 60, 61, 67, 68.

Decision rationale: This patient presents with low back and bilateral shoulder complaints. The treater is requesting a refill of Motrin 800 mg quantity of request is not specified. Review of the medical file indicates the patient has been taking Motrin since 08/23/2013. For antiinflammatory medications, the MTUS Guidelines page 22 states, "Antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." This patient has been taking ibuprofen since 08/23/2013. Review of subsequent progress reports does not provide discussion regarding this medication's efficacy. MTUS Guidelines page 60 requires documentation of pain assessment and function when medications are used for chronic pain. Given the lack of documentation of pain and functional assessment as related to the use of Motrin, recommendation is for denial.