

Case Number:	CM14-0082600		
Date Assigned:	07/21/2014	Date of Injury:	06/01/2011
Decision Date:	10/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 41-year-old female who reported an injury on 07/01/2011. The mechanism of injury was cumulative trauma. On 06/26/2014, the injured worker presented with neck pain and lower back pain. Current medications included Celebrex, omeprazole, Butrans, and Skelaxin. Surgical history included a tubal ligation, cholecystectomy, tonsillectomy, and a sinus surgery. Upon examination of the cervical spine, there was no cervical lordosis and there was restricted range of motion. There was tenderness and trigger points with a twitch response obtained along with radiating pain upon palpation. There was a positive Spurling's maneuver. Examination of the lumbar spine noted restricted range of motion and tenderness and muscle spasm noted on the paravertebral muscles on the left side. There is a positive trigger point with twitch response upon palpation over the paraspinal muscles on the left and trapezius muscles bilaterally. There is decreased sensation to light touch in the left C3-T1 dermatomes. Diagnoses were cervical pain, extremity pain, shoulder pain, spasm of the muscle, and fibromyalgia and myositis not otherwise specified. The provider recommended Skelaxin, Butrans, and Celebrex. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN Page(s): 63.

Decision rationale: The request for Skelaxin 800 mg #60 is not medically necessary. The California MTUS Guidelines recommend muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The provided medical documentation states that Skelaxin is a failed medication. There is a lack of documentation on the injured worker's rationale as to why Skelaxin would be represcribed if the injured worker had already failed a trial of Skelaxin. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Butrans 5mcg/hr patch #4: 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 BUPRENORPHINE Page(s): 26-27.

Decision rationale: The request for Butrans 5 mcg/hour patch #4 is not medically necessary. The California MTUS recommends buprenorphine or Butrans for treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in injured workers who have a history of opioid addiction. There is lack of documentation of the injured worker's response to previous use of Butrans. Additionally, the injured worker is not recommended for treatment of opioid addiction. There is a lack of documentation of a complete and adequate pain assessment of the injured worker and whether the injured worker required continuous, around the clock opioid analgesic medications. As such, medical necessity has not been established.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The request for Celebrex 200 mg #30 is not medically necessary. The California MTUS Guidelines state that all NSAIDs are associated with risk for cardiovascular events including MI, stroke, or onset or worsening of pre-existing hypertension. It is generally

recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There is lack of evidence of the medical records provided of a complete and adequate pain assessment, as well as efficacy of the prior use of the medication. The frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.