

Case Number:	CM14-0083276		
Date Assigned:	07/21/2014	Date of Injury:	04/26/2012
Decision Date:	09/19/2014	UR Denial Date:	05/20/2014
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 Illinois. 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 54-year-old female with a reported date of injury on 04/26/2012. The mechanism of injury was not provided within the documentation available for review. Her diagnoses included degenerative disc disease. The injured worker's medication regimen included Tylenol, Celebrex, Skelaxin and Norco. Previous conservative care included heat/cold packs, physical therapy, chiropractic care and acupuncture. Diagnostic studies included x-rays of the lumbar spine on 12/27/2013 and which were noted to reveal facet arthritis noted at L4-5 on the right and L5-S1 bilaterally. An x-ray of the pelvis was noted to reveal mild sclerosis is noted about the right S1 joint. The patient presented with low back and lower thoracic pain. The patient presented with palpatory pain in the right, and lumbar forward through S1. The physician indicated there was no significant improvement in subjective complaints or objective findings. The treatment plan included additional chiropractic visits, acupuncture, pain management and a trial on injections. The physician indicated he would like to avoid pain management and injections if possible. The patient was instructed in a home exercise program and was instructed to continue her medication regimen. The request for authorization for continued chiropractic sessions twice weekly times 4 weeks for lumbar, metaxalone date of service 04/18/2014 and prospective usage of metaxalone was submitted on 05/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Chiropractic sessions twice weekly times 4 weeks for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, page Page(s): 58.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation, page 58. The Expert Reviewer's decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For low back, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. The clinical information provided for review indicates the injured worker has previously participated in chiropractic care, physical therapy and acupuncture. There is lack of documentation related to the injured worker's functional and neurological deficits. In addition, there is a lack of documentation related to the injured worker's pain utilizing a VAS pain scale. The guidelines recommend 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits. There is lack of documentation related to the objective functional improvement as it relates to previous chiropractic care. The request for 8 chiropractic sessions exceeds the recommended guidelines. Therefore, the request for continued chiropractic sessions twice weekly times 4 weeks for lumbar is not medically necessary.

Metaxalone date of service 4/18/14:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (skelaxin) Page(s): 61, 63.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Metaxalone (Skelaxin), pages 61, 63. The Expert Reviewer's decision rationale: The California MTUS Guidelines recommend metaxalone as a second line option for short term pain relief in patients with chronic low back pain. In addition, the guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, increasing mobility. However, most low back pain cases, they show no benefit beyond NSAIDS and pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDS. Effectiveness appears to diminish overtime and prolonged use of some medications in this class may lead to dependence. The clinical information provided for review lacks documentation related to the therapeutic and/or functional benefit in the ongoing use of metaxalone. The guidelines recommend metaxalone as a second line option for short term treatment. There is lack of documentation related to the injured worker suffering from muscle

spasms or muscle tension. The ongoing use of metaxalone exceeds the recommended guidelines. Therefore, the request for metaxalone date of service 04/18/2014 is not medically necessary.

Prospective usage of Metaxalone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (skelaxin) Page(s): 61, 63.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Metaxalone (Skelaxin), pages 61, 63. The Expert Reviewer's decision rationale: The California MTUS Guidelines recommend metaxalone as a second line option for short term pain relief in patients with chronic low back pain. In addition, the guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, increasing mobility. However, most low back pain cases, they show no benefit beyond NSAIDS and pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDS. Effectiveness appears to diminish overtime and prolonged use of some medications in this class may lead to dependence. The clinical information provided for review lacks documentation related to the therapeutic and/or functional benefit in the ongoing use of metaxalone. The guidelines recommend metaxalone as a second line option for short term treatment. There is lack of documentation related to the injured worker is suffering from muscle spasms or muscle tension. As such, the request for Prospective usage of Metaxalone is not medically necessary.