

Case Number:	CM14-0129289		
Date Assigned:	09/22/2014	Date of Injury:	02/08/2011
Decision Date:	01/02/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/12/2014

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 Emergency Medicine 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 62 year-old male, who sustained an injury on February 8, 2011. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included: medications. The current diagnoses are: lumbar spinal stenosis, lumbar radiculopathy facet pain, sleep deprivation. The stated purpose of the request for Metaxalone tab 800mg day supply: 30 qty: 60 refills: 00 was for pain. The request for Metaxalone tab 800mg day supply: 30 qty: 60 refills: 00 was denied on August 4, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Flector Dis 1.3% Day Supply: 30 QTY: 30 refills: 00 was for pain. The request for Flector dis 1.3% day supply: 30 qty: 30 REFILLS: 00 was denied on August 4, 2014, citing a lack of documentation of medical necessity. Per the report dated July 23, 2014, the treating physician noted complaints of chronic pain. Exam findings included restricted lumbar range of motion with spasm and tenderness, decreased sensation to the S1 dermatomes and 4/5 lower extremity muscle strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

METAXALONE TAB 800MG DAY SUPPLY: 30 QTY: 60 REFILLS:00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Metaxalone Tab 800mg Day Supply: 30 Qty: 60 refills, is not medically necessary. California MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has chronic pain. The treating physician has documented restricted lumbar range of motion with spasm and tenderness, decreased sensation to the S1 dermatomes and 4/5 lower extremity muscle strength. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Metaxalone tab 800mg day supply: 30 qty: 60 refills:00 is not medically necessary.

FLECTOR DIS 1.3% DAY SUPPLY: 30 QTY: 30 REFILLS: 00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents Non-steroidal anti-inflammatory med.

Decision rationale: The requested Flector dis 1.3% day supplies: 30 qty: 30 refills, is not medically necessary. California MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommends topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents. The injured worker has chronic pain. The treating physician has documented restricted lumbar range of motion with spasm and tenderness, decreased sensation to the S1 dermatomes and 4/5 lower extremity muscle strength. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Flector Dis 1.3% Day Supply: 30 Qty: 30 Refills: 00 is not medically necessary.