MAXIMUS Federal Services

Case Number:	CM14-0163112		
Date Assigned:	11/03/2014	Date of Injury:	03/19/2014
Decision Date:	01/02/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for low back pain reportedly associated with an industrial injury of March 19, 2014.In a Utilization Review Report dated September 18, 2014, the claims administrator approved a request for Lyrica, approved a request Zanaflex, approved a request for Motrin, denied a request for Skelaxin, and denied a request for Tramadol. The claims administrator stated, somewhat incongruously, that the information on did not document functional benefit with ongoing Tramadol therapy but then went on to approve a variety of other medications, including Zanaflex, Lyrica, and Motrin. Skelaxin was denied on the grounds that the documentation did not support concomitant provision of two separate muscle relaxants. The claims administrator's decision was based on a September 5, 2014 progress note and associated September 11, 2014 Request for Authorization (RFA) form.In a progress note dated October 3, 2014, the applicant reported ongoing complaints of low back pain radiating into the left leg. 50% of the applicant's pain was axial and 50% of her pain was radicular, it was noted. The applicant's medication list included Motrin, Tramadol, Zanaflex, Lyrica, Skelaxin, and Zestoretic. The applicant was severely obese, with the BMI of 45. The applicant had received a recent epidural steroid injection. A TENS unit trial and 10 sessions of cognitive behavioral therapy were sought. Motrin and Lyrica were continued. The applicant was asked to discontinue Ultram extended release on the grounds that the claims administrator failed to approve the same. Oxycodone was endorsed. The applicant was asked to employ Zanaflex on an as-needed basis, try lidocaine patches, and decrease Skelaxin. Work restrictions were endorsed. It was stated that the applicant's activity level was decreased in one section of the note while another section of note stated, somewhat incongruously, that the applicant's medications were working well. The note was very difficult to follow, and mingled old complaints with current complaints. In one section of the note, it was stated that the

applicant was working on a part-time basis at a rate of three days a week with medications.In a September 5, 2014 progress note, it was stated that the applicant was given refills of Skelaxin, Tramadol, Motrin, Zanaflex, and Lyrica. It was stated that the applicant was working three days a week with her current employer. Multiple medications were renewed. It was again suggested that the applicant's medications were effective.The applicant was not working, it was noted in an initial consultation of March 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Muscle Relaxants Page(s): 7, 63.

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Skelaxin are recommended for short-term use purposes, for acute exacerbations of chronic low back pain. The 90-tablet supply of Skelaxin being sought here represents chronic, long-term, and/or daily usage of the same. Such usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variable such as "other medications" into his choice of recommendations. Here, however, the requesting provider has not furnished a compelling rationale for provision of two separate muscle relaxants, Skelaxin and Zanaflex. The request, thus, as written, is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.

Tramadol ER 200mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has returned to and/or maintained part-time work status with ongoing medication consumption, the requesting provider has acknowledged. The applicant is likewise deriving appropriate analgesia with ongoing tramadol usage, it has further been suggested. Ongoing tramadol usage has apparently facilitated the applicant's performance of physical therapy and/or home exercises. Continuing the same, on balance, was, thus, indicated, given the

applicant's reportedly favorable response to the same. Therefore, the request was medically necessary.