

Case Number:	CM14-0194323		
Date Assigned:	12/02/2014	Date of Injury:	06/01/2007
Decision Date:	01/14/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/20/2014

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 Pain 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 39-year-old male with an original date of injury on June 1, 2007. The industrially related diagnoses include lumbar facet osteoarthritis, degenerative lumbar disease, and displacement of lumbar intervertebral disc without myelopathy, chronic lumbago, and leg pain. The patient was taking tramadol, Celebrex, Skelaxin, and Prilosec. An MRI dating on 2/8/2013 documented left paracentral L3-4 disc protrusion, annular tear L4-5 disc, L5-S1 disc extrusion and bilateral L5-S1 facet joint hypertrophy. The disputed issues are the request of refill on Skelaxin 800mg for 60 tablets with 3 refills, and tramadol 50mg for 80 tablets with 3 refills. A utilization review on November 7, 2014 has denied these requests. With regards to Skelaxin, the utilization reviewer stated the submitted documentation indicates that the patient has been taking this medication continuously since 2011, which grossly exceeded the guidelines recommendations for muscle relaxants. Therefore the medication was non-certified. With regards to tramadol, there has been no evidence of measured functional improvement or meaningful subjective improvement, as the patient's subjective complaints have remained relatively the same over one year. Previous reviewers recommended a taper based on lack of improvement and side effects. Therefore the patient is not at risk for withdrawal discontinuation and further weaning is not required. Therefore, the request was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Skelaxin 800mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: It is noted that the patient has been taking Skelaxin for more than one year. Within the documentation provided, there is no indication that Skelaxin has lead to any functional improvement. Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Therefore, given the patient has already been given this medication for over one year, and in the absence of documentation of functional and symptomatic improvement, this request is not medically necessary.

1 prescription of Tramadol 50mg #80 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-80.

Decision rationale: On a progress note on the date of service November 4, 2014, the patient states his pain is 7-8/10 without medication and 3-4/10 with medication including Celebrex, Skelaxin, and tramadol. However, there is no documentation of functional improvement or monitoring for side effects. The patient has been taking tramadol since early 2014. The patient has had drug urine screen to monitor for aberrant behaviors, however, these urine screens do not indicate patient is taking the opioid medication consistently. In absence of such documentation, this medication request is not medically necessary.