

<b>Case Number:</b>	CM14-0202326		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	09/06/2007
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 49 year old female with an injury date of 09/06/07. The 10/16/14 progress report by [REDACTED] States that the patient presents with persistent, constant neck and lower back pain rated 5/10. She had headaches, anxiety and depression as well as antalgic gait on the left. The patient is currently not working. Examination reveals spasms in the lumbar paraspinals and stiffness in the lumbar spine. Spasms are noted in the cervical paraspinal muscles and mobility is limited in the cervical spine secondary to pain and spasms. The patient's diagnoses include:1. Clinically consistent left lumbar radiculopathy2. Cervical sprain/strain3. Possibility of cervical radiculopathy4. Myofascial pain5. Insomnia secondary to chronic pain6. Depression/anxiety secondary to pain7. Sleep disturbanceThe patient is undergoing psychology treatment with [REDACTED] for CBT, relaxation and pain management and it is helping. She received a lumbar ESI 11/29/12 from [REDACTED] with significant relief. [REDACTED] recommends conservative treatment including daily exercise and medications management. Surgical intervention is not currently recommended. Following consult with a neurologist the patient was recommended to get an MRI of the brain due to questionable etiology of face numbness, but this was denied. Medications are listed as Nuvigil, Skelaxin, Nucynta ER, Naproxen, Lunesta, and Nucynta, The utilization review is dated 09/06/07. Reports were provided for review from 04/08/14 to 10/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone; Muscle relaxants Page(s): 61; 63.

**Decision rationale:** The patient presents with neck and lower back pain rated 5/10 along with headaches, anxiety and depression. The current request is for Skelaxin 800mg quantity 60 (Metaxalone). The Request for Authorization (RFA) is not included. The 11/16/14 utilization review states the RFA is dated 10/24/14. MTUS, Metaxalone, per page 61 of MTUS, is "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP [low back pain]... Metaxalone is a muscle relaxant that is reported to be relatively non-sedating." MTUS page 63, Muscle relaxants, states recommended for short term treatment of acute exacerbations with chronic LBP; however, in most LBP cases there is no additional benefit shown in combination with NSAID's. The treater states on 08/27/14 that Skelaxin helps the patient for muscle spasm and pain without drowsiness. However, the reports provided show that the patient has been prescribed this medication since at least 04/18/14, and MTUS states use is indicated for the short-term. The treater does not provide a rationale for use outside guidelines. The request is not medically necessary.

**Nucynta 50mg quantity 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Chronic

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88, 89, 76-78.

**Decision rationale:** The patient presents with neck and lower back pain rated 5/10 along with headaches, anxiety and depression. The current request is for Nucynta 50mg quantity 90 (an opioid). The RFA is not included. The 11/16/14 utilization review states the RFA is dated 10/24/14. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs [activities of daily life], adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient has been prescribed this medication since at least 04/18/14. The treater states use of this medication is for breakthrough pain and is used along with Nucynta ER and helped the patient's activity level and allowed her to work. However, the most recent report provided states that the patient is currently not working. Reports from 04/18/14 to 10/16/14

show that pain is routinely assessed through the use of pain scales with pain rated on a scale of ten as 7, 5, 6, 6, 7, 6, and 5. The most recent reports mention no specific ADL's to show significant change with use of this medication. Opiate management issues are only partially addressed. The treater states that no side effects are noted with medications. However, no urine toxicology reports are provided or discussed. There is no mention of CURES. Adverse behavior is not discussed; however, the treater does note the patient is attending psychotherapy sessions. No outcome measures are provided. In this case, there is not sufficient documentation of ADL's and opiate management to support long-term opioid use as required by MTUS. The request is not medically necessary.