

Case Number:	CM14-0204945		
Date Assigned:	12/17/2014	Date of Injury:	01/17/2011
Decision Date:	02/11/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab 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 patient is a 57 year-old male with chronic low back pain secondary to a 1/17/11 date of injury. Records indicate he underwent laminectomy in 2011 at L3, L4 and L5. The attending physician report dated 10/7/14 (66) notes that the patient is feeling better upon completion of six acupuncture visits. He is able to get up in the morning without spasm in his back although he continues to have leg spasms. His pain level ranges from 3-8/10. Physical exam notes indicate decreased sensation over the L4, L5 and S1 dermatomes on the right and dysesthesia to superficial touch over the right lateral portion of his right leg. The current diagnoses are: 1. Sympathetically maintained pain of the right lower extremity with twitching anterior quadricep muscle 2. Possible lumbar discopathy 3. Lumbar facet arthropathy The utilization review report dated 11/14/14 denied the request for Naprelan 750mg # 60 and Skelaxin 800mg #100 based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprelan 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-73.

Decision rationale: The patient is complaining of chronic low back pain and paresthesias into the right lower extremity. The current request is for Naprelan 750mg #60. Naprelan is an NSAID and MTUS states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS page 60 requires that when prescribing medications for chronic pain that a record of pain and function should be recorded. In this case, the treating physician has not documented any improvement in function or reduction of pain with Naprelan usage. The current request is not medically necessary.

Skelaxin 800mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 61-66.

Decision rationale: The patient is complaining of chronic low back pain and paresthesias into the right lower extremity. The current request is for Skelaxin 800mg #100. Metaxalone (Skelaxin) is supported in the MTUS guidelines as a non-sedating muscle relaxant. Muscle relaxants are used as a second-line option for short-term treatment of exacerbations in patients with chronic low back pain. In most cases they show no benefit beyond NSAIDs in pain and overall improvement. Muscle relaxants are not recommended to be used longer than 2-3 weeks. In this case, the patient has been prescribed this medication since at least 1/15/14 which is not short term usage. The current request for Skelaxin is not medically necessary and is not supported by MTUS. The recommendation is that the request is not medically necessary.