

Case Number:	CM14-0209074		
Date Assigned:	12/22/2014	Date of Injury:	01/22/2013
Decision Date:	02/18/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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: Internal Medicine

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 an injured worker with a history of lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome and right sacroiliac joint syndrome. Date of injury was January 22, 2013. Regarding the mechanism of injury, he bent over to lift a tray of that weighed approximately forty pounds, which resulted in the injury. MRI magnetic resonance imaging of the lumbar spine dated 08/11/14 revealed 3 to 4 mm right posterolateral to foraminal disc protrusion with mild to moderate right foraminal stenosis and no definite impingement upon the exiting right L5 nerve root. Apparent impingement upon the traversing right S1 nerve root by protruding disc was also noted at L5-S1. There was moderate to severe left-sided degenerative loss of disc height and 4 to 5 mm foraminal disc protrusion with moderate left foraminal stenosis and a mild impression upon the inferior surface of the exiting left L4 nerve root. Findings also revealed mild lumbar dextroscoliosis. The medical report dated 11/22/2014 documented injuries sustained on January 22, 2013. He was diagnosed with lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome and right sacroiliac joint syndrome. In the evaluation on October 31, 2014, he complained of low back pain which he rated to be at 5 out of 10 on the pain scale which has significantly decreased since his last visit due to the injection. He stated that his low back pain radiated to his right leg down to the heel with numbness and tingling sensation. He also stated that he has felt knots on his right calf. It was also indicated in the report the patient underwent a right sacroiliac joint injection from which he received pain relief for two weeks and then his low back pain was back to baseline again. He further stated that he was able to walk longer distances without pain, increased his daily activities and was able to decrease his medication for two

weeks. He also reported taking his medications because they were helpful with his pain with no adverse effects. Physical examination revealed that the patient ambulated with an antalgic gait to the right which was exacerbated when performing heel-toe walk. Examination of the lumbar spine revealed diffuse tenderness over the paraspinal muscles as well as moderate facet tenderness at the levels of L4 through S1. Orthopedic tests were positive on the right side. Kemp's tests were positive bilaterally. Seated straight leg raise test was positive at 70 degrees, in the right While Supine Straight Leg Raise test was positive at 60 degrees. Range of motion of the lumbar spine was limited in all planes. Medications included Motrin, Protonix, Flexerill, and Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Skelaxin 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Muscle relaxants, Metaxalone (Skelaxin) Page(s): 63-66, 61, 65. Decision based on Non-MTUS Citation FDA Prescribing Information Skelaxin (Metaxalone) <http://www.drugs.com/pro/skelaxin.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. FDA Prescribing Information documents that Skelaxin (metaxalone) is indicated for acute musculoskeletal conditions. The sedative effects of Skelaxin and other CNS depressants (e.g., alcohol, benzodiazepines, opioids, tricyclic antidepressants) may be additive. Therefore, caution should be exercised with patients who take more than one of CNS depressants simultaneously. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Skelaxin for chronic conditions. Medical records indicate the long-term use of muscle relaxants, which is not supported by MTUS, ACOEM, and FDA guidelines. The patient has been prescribed NSAIDs. Per ACOEM, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Skelaxin is not supported by MTUS, ACOEM, and FDA guidelines. Therefore, the request for 30 Tablets of Skelaxin 800mgs not medically necessary.

60 Tablets of Motrin 800mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that NSAIDs are recommended for back conditions. Medical records document a history of lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome and right sacroiliac joint syndrome. ACOEM guidelines support the use of Motrin, which is an NSAID, for back conditions. Therefore, the request for 60 Tablets of Motrin 800mg is medically necessary.

90 Tablets of Flexeril 7.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril Cyclobenzaprine <http://www.drugs.com/pro/flexeril.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records indicate the long-term use of muscle relaxant, which is not supported by MTUS and FDA guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Flexeril is not supported by

MTUS and ACOEM guidelines. Therefore, the request for 90 Tablets of Flexeril 7.5mg is not medically necessary.