

Case Number:	CM14-0217674		
Date Assigned:	01/07/2015	Date of Injury:	11/30/1981
Decision Date:	04/02/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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 & Rehabilitation

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 54 year old female injured worker suffered and industrial injury on 11/30/1981. The diagnoses were cervical and lumbar sprain and carpal tunnel syndrome. The treatments were medications, TENS, cervical pillow and home exercise program. The treating provider reported chronic neck pain and back pain with radiation to the upper and lower extremities. The pain is described as aching, burning, numbness and tingling rating the pain as 7 to 9/10. On exam there was tenderness on the cervical and thoracic muscles with spasms. The cervical and lumbar spine range of motion was reduced. The Utilization Review Determination on 12/3/2014 non-certified: 1. Skelaxin 800 mg #60 with 3 refills, modified with no refills, citing MTUS2. Celebrex 200 mg #90 with 4 refills, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin Page(s): 61.

Decision rationale: This patient presents with back, leg, and bilateral wrist and hand pain. The treater is requesting Skelaxin 800 Mg, Quantity 60, With 3 Refills. The RFA was not made available for review. The patient's date of injury is from 11/30/1981 and the patient is currently permanent and stationary and working. The MTUS Guidelines page 61 states that Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. Metaxalone is a muscle relaxant that is reported to be relatively non-sedating. Long-term use of Skelaxin is not recommended per the MTUS Guidelines. The records show that the patient was prescribed Skelaxin prior to 11/07/2014. In the 11/07/2014 report, the patient states that Skelaxin and Celebrex are "helping." In this case, while the patient reports benefit with Skelaxin use, long-term use is not supported by the MTUS Guidelines. The request IS NOT medically necessary.

Celebrex 200 mg #90 with 4 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication, Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with back, leg, and bilateral wrist and hand pain. The treater is requesting Celebrex 200 Mg, Quantity 90, With 4 Refills. The RFA was not made available for review. The patient's date of injury is from 11/30/1981 and she is currently permanent and stationary and working. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Celebrex prior to 11/07/2014. In the 11/07/2014 report, the patient states that Skelaxin and Celebrex are "helping". In this case, the treater has noted medication efficacy and the continued use of Celebrex is supported by the guidelines. The request IS medically necessary.