MAXIMUS Federal Services

Case Number:	CM15-0000940		
Date Assigned:	01/12/2015	Date of Injury:	03/20/2007
Decision Date:	03/12/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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: Preventive Medicine, Occupational 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 injured worker is a 32 year old female, who sustained an industrial injury on 3/20/2007. The mechanism of injury has not been provided with the clinical documentation submitted for review. The diagnoses have included discogenic low back pain and myofascial pain syndrome. Treatment to date has included medications, work and activity modifications and physical therapy. Currently, the IW complains of intermittent back pain and stiffness. She reports that symptoms are improving. Objective physical exam revealed an antalgic gait with limp gait while guarding the lumbar spine. Tandem walking and walking on toes and heels is impaired. There is diffuse myofascial tenderness noted upon palpation of the lumbar spine, right and left flank, and medial low back. The pain is described as exquisitely tender and severe. Pain is relieved by cold, heat and rest. There is spasm in the paraspinal region of the lumbar spine. Straight leg raise test is positive. On 12/10/2014, Utilization Review non-certified prescriptions for Duexis, Benadryl and Norco and modified a prescription for Skelaxin noting the lack of documentation of evidence of medical necessity. The MTUS and ODG were cited. On 01/05/2015, the injured worker submitted an application for IMR for review of Duexis, Skelaxin, Benadryl and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

Decision rationale: Duexis is a combination medication containing ibuprofen and famotadine. The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported.The request for Duexis is determined to not be medically necessary.

Skelaxin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

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

Decision rationale: The MTUS Guidelines recommend the use of metaxalone 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. The injured worker is noted to be injured for almost 8 years, and she reports improvement. Medical necessity for Skelaxin has not been established within the recommendations of the MTUS Guidelines.The request for Skelaxin is determined to not be medically necessary.

Benadryl: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Insomnia section

Decision rationale: Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas sedondary insomnia may be treated with parmacological and/or psychological measures. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modatilities such as cognitive behavioral therapy or addressing sleep hygiene practices have been utilized prior to

utilizing a pharamacological sleep aid.The request for Benadryl is determined to not be medically necessary.

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids sectionWeaning of medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is noted to be injured for almost 8 years. She reports improvement in her symptoms, but there is no evidence that the chronic use of opioid pain medications is providing significant pain reduction and objective functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment.The request for Norco is determined to not be medically necessary.