MAXIMUS Federal Services

Case Number:	CM15-0003605		
Date Assigned:	01/14/2015	Date of Injury:	01/26/2005
Decision Date:	03/10/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/07/2015

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:

This 68 year old female sustained an industrial injury on 1/26/05 with subsequent ongoing back pain. No recent magnetic resonance imaging was submitted for review. Treatment included medications, home exercises and lumbar spine surgery (2008). In a visit note dated 11/6/14, the injured worker complained of ongoing axial low back pain rated at 1-2/10 on the visual analog scale with use of medications. She also experieinces occasional low back muscle spasms cthat are controlled with Skelexin. Physical exam was remarkable for an antalgic gait. Current diagnoses included lumbar disc displacement without myelopathy, lumber disc degeneration and other symptoms referrable to back. Work status was permanent and stationary. The treatment plan included continuing current medication regimen (Hydrocodone-Apap 10/325mg 1-2 tabs every 8 hours, Skelaxin 800mg, 1 tab at bedtime, Naproxen-Aaprox DA 550mg twice a day and Diclofenac Sodium 1.5% 60gm apply to affected area three times a day). On 1/5/15, Utilization Review noncertified a request for Skelaxin 800 mg one tab at bedtime, Qty. 15, Ref2 and Diclofenac Sodium 1.5% 60gm, apply to affected area three times a day, Qty. 2, citing CA MTUS guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg quantity 15 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain; Metaxalone Page(s): 61, 63-6.

Decision rationale: Metaxalone (Skelaxin) is a moderately strong muscle relaxant used to relax muscles and relieve pain caused by strains, sprains, and other musculoskeletal conditions. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility but, as a group, are recommended for short-term use only, as their efficacy appears to diminish over time. In fact, the MTUS recommends use of metaxalone only for short-term pain relief from chronic low back pain. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on intermittent muscle relaxant therapy for relief of occasional low back muscle spasms. There are no indications that this medication is being used daily as the prescription is for only a small amount of medication. Medical necessity for continued use of muscle relaxants (as a class) or metaxalone (specifically) has been established.

Diclofenac sodium 1.5% 60gm quantity 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs; Topical Analgesics Page(s): 67-72, 111-13.

Decision rationale: Diclofenac Sodium 1.5% is a non-steroidal anti-inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trails for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis. This patient has been diagnosed with a lumbar spine degenerative condition with associated neuropathic pain. Arthritis and/or tendonitis are not part of the patient's diagnosed pain-producing conditions. Additionally, the patient is already taking a NSAID medication orally. The addition of a topical NSAID to this therapy is of questionable efficacy. Medical necessity for use of this preparation has not been established.