

Case Number:	CM15-0141291		
Date Assigned:	07/31/2015	Date of Injury:	05/10/2012
Decision Date:	09/23/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/21/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 49 year old female, who sustained an industrial injury on May 10, 2012. The mechanism of injury was constant repetitive motion and movements while doing her usual and customary duties. The injured worker has been treated for neck and back complaints. The diagnoses have included lumbar degenerative disc disease, low back pain, thoracic spine pain, cervicgia, long-term use of medications and sacroiliitis not elsewhere classified. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, physical therapy, massage therapy, chiropractic treatments, injections and a home exercise program. Work status was noted to be restricted. Documentation dated June 11, 2015 states that a returned to work note was completed. The documentation also notes that the injured worker reported continuous low back pain which was somewhat improved from the last visit. Examination of the lumbar spine revealed tenderness to palpation over the lower segments. Deep tendon reflexes, strength and straight leg raise tests were symmetrical and unremarkable. The injured worker noted that the medications Metaxalone and the Medrox patch were helpful for the pain. The treating physician's plan of care included requests for Medrox Patches # 30 with 3 refills and Metaxalone 800 mg # 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch, #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Medrox, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use". Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments". Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Medrox is not medically necessary.

Metaxalone 800mg, #45: 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 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for metaxalone, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested metaxalone is not medically necessary.