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| Case Number: | CM15-0162263 | | |
| Date Assigned: | 08/28/2015 | Date of Injury: | 01/25/2000 |
| Decision Date: | 10/20/2015 | UR Denial Date: | 07/27/2015 |
| Priority: | Standard | Application Received: | 08/18/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 59 year old female who sustained an industrial injury on 01-25-2000. According to the most recent progress report submitted for review and dated 07-17-2015, the injured worker reported back pain, neck pain and right wrist pain. Current medications included Hydrocodone-Acetaminophen, Lidoderm adhesive patch, Prozac and Skelaxin. Physical examination of the right wrist demonstrated distal radius tenderness. The cervical spine examination demonstrated paraspinal spasm, tenderness at C5, C6 and C7, trigger points at trapezius, tenderness at greater occipital right and left and mildly restricted flexion, extension and lateral rotation. Examination of the lumbar spine demonstrated tenderness at L4 and L5, paraspinal spasm over the right and left side, trigger points at L4, L5 and right and left sciatic and 25% reduced range of motion. Impression included back pain, thoracic lumbar spine degenerative joint disease, neck pain C5-6-7 degenerative joint and disc disease, spinal stenosis, right wrist pain, right wrist tendonitis, carpal tunnel syndrome bilaterally, diabetes and hypertension. The treatment plan included continuation of current medication regimen and follow up visit in 8-12 weeks. Currently under review is the request for Skelaxin (Metaxalone) 800 mg 1/2 tab three times a day and Lidoderm Adhesive patch 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin (Metaxalone) 800mg 1/2 tab TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Metaxalone (Skelaxin), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The guidelines recommend that metaxalone be reversed as a second line muscle relaxant because of significant potential adverse effect and liver toxicity. The records indicate that the duration of utilization of Skelaxin had exceeded that maximum guidelines recommended maximum duration of 4 to 6 weeks. There is no documentation of failure of first line medication or liver function tests. The criteria for the use of Skelaxin (metaxalone) 800mg 1/2 TID was not met. The request is not medically necessary.

Lidoderm Adhesive patch 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Lidoderm (lidocaine patch), Medications for chronic pain, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when standard first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with orally administered anticonvulsant and antidepressant medications. The records indicate that the patient was diagnosed with musculoskeletal pain of cervical and lumbar spines. The criteria for the use of Lidoderm adhesive patch 5% was not met. The request is not medically necessary.