

Case Number:	CM15-0182173		
Date Assigned:	09/23/2015	Date of Injury:	03/01/1999
Decision Date:	10/27/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 64 year old female, who sustained an industrial injury on 3-1-1999. The medical records indicate that the injured worker is undergoing treatment for cervical sprain-strain, myofascial pain, and cervical facet pain. According to the progress report dated 8-26-2015, the injured worker presented with complaints of persistent neck and shoulder region pain. She describes the pain as achy, associated with tightness, which is worse at the end of the day. On a subjective pain scale, she rates her pain 3 out of 10. The physical examination reveals spasms in the cervical paraspinal muscles and stiffness noted in the cervical spine. There is tenderness noted in the cervical paraspinal and bilateral shoulder musculature. Trigger point noted in the bilateral supraspinatus and levator scapulae muscles. The current medications are Ultracet, Meloxicam, and Skelaxin. There is documentation of ongoing treatment with Ultracet and Meloxicam since at least 2-27-2015. Treatments to date include medication management, ice, and TENS unit. Work status is described as currently working full time. The original utilization review (9-8-2015) partially approved a request for Ultracet #45 (original request was for #60). The request for Skelaxin and Meloxicam was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Skelaxin 800mg #30: 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): Muscle relaxants (for pain).

Decision rationale: 1 Prescription of Skelaxin 800mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation does not indicate that the patient is having an acute exacerbation of pain. The patient has chronic pain. There are no extenuating circumstances documented that would necessitate continuing this medication. The request for Skelaxin is not medically necessary.

1 Prescription of Meloxicam 7.5mg #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: 1 Prescription of Meloxicam 7.5mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Meloxicam for an extended period. The request for continued Meloxicam is not medically necessary as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Meloxicam is not medically necessary.

1 Prescription of Ultracet 37.5/325mg #60: 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): Opioids, criteria for use, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Opioids, specific drug list.

Decision rationale: 1 Prescription of Ultracet 37.5/325mg #60 is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There are no objective urine drug screens for review. Furthermore, the ODG states that Tramadol/Acetaminophen (Ultracet; generic available) is for short-term use 5 days in acute pain management. This medication is not recommended long term and the patient has been on this medication over the 5 day recommended limit. For all of these reasons Ultracet is not medically necessary.