

Case Number:	CM15-0031644		
Date Assigned:	02/25/2015	Date of Injury:	11/05/2007
Decision Date:	09/15/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/19/2015

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 (IW) is a 50 year old male who sustained an industrial injury on 11/05/2007. He reported a fall. The injured worker was diagnosed as having lumbosacral sprain, sciatica, headache, and chronic pain. Treatment to date has included back surgery (09/09/ 2008), an implanted spinal cord stimulator 10/17/2011, and medications management with a pain clinic. Currently, the injured worker complains of back pain radiating from the low back into the bilateral postero-lateral thigh and calf including the lateral, bottom, and dorsal aspect of the foot. He also complains of neck pain. Examination of the lumbar spine reveals surgical scars, a range of motion that is restricted in all planes by pain. There was spinous process tenderness at L4 and L5. Heel and toe walk are normal. Lumbar facet loading is positive both sides. Straight leg raising test is positive on the left side FABER test is positive. All lower extremity reflexes are equal and symmetric. Current medications include Lidoderm 5% film, Senna plus, Miralax, Lyrica, Hydroxyzine, Skelaxin, Mobic, Fioricet, APAP/Butalbital/caffeine, and Amitiza. Treatment plan includes medication refills. A Toradol injection and a Norflex injection were given in the office. The Requests are for 1. Skelaxin 800 mg #120 with 2 refills; 2. Unknown prescription of Ultram; 3. Lyrica 50 mg #90 with 2 refills; 4. One (1) Toradol 60 mg injection; 5. One (1) Norflex injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65. 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 musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records indicate that the patient had utilized muscle relaxants for many years. The guidelines recommend that the period of utilization be limited to 4 to 6 weeks. The criteria for the use of Skelexin 800mg #120 with 2 refills was not met. The request is not medically necessary.

Unknown prescription of Ultram: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113, and 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The records indicate that the patient is experiencing severe pain that was treated with injectable medications. There is no documentation of aberrant behavior or adverse effects. The criteria for the use of Ultram was met. The request is medically necessary.

Lyrica 50mg #90 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-epileptics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anti-epileptics can be utilized for the treatment of neuropathic pain and chronic pain syndrome. The use of anticonvulsant is associated with analgesia, mood stabilizing and opioid sparing effects. The

records indicate that Lyrica was effective in symptomatic control for this patient. There is no documentation of adverse effect. The criteria for the use of Lyrica 50mg #90 with 2 refill was met. The request is medically necessary.

One (1) Toradol 60mg injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of injectable NSAIDs be limited to acute care and peri-operative settings. There is lack of guidelines support for the use of Toradol for the treatment of chronic musculoskeletal pain. The use of injectable NSAIDs in patients on chronic oral NSAIDs treatment is associated with the increased risk of NSAIDs related renal, cardiac, and gastrointestinal complications. The criteria for the use of 1 Toradol 60mg injection was not met. The request is not medically necessary.

One (1) Norflex injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65. 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 musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records indicate that the patient had utilized muscle relaxants for many years. The guidelines recommend that the period of utilization be limited to 4 to 6 weeks. The guidelines do not support the use of injectable muscle relaxants for the treatment of chronic muscle spasm associated with musculoskeletal pain. The criteria for the use of One Norflex injection was not met. The request is not medically necessary.