

Case Number:	CM15-0087836		
Date Assigned:	05/12/2015	Date of Injury:	12/23/2003
Decision Date:	06/12/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/07/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 61-year-old male injured worker suffered an industrial injury on 12/23/2003. The diagnoses included multilevel cervical and lumbar degenerative disc disease, cervical and lumbar strain with myofascial pain and cervical/lumbar radiculopathy. The diagnostics included electromyographic studies. The injured worker had been treated with medications. On 4/7/2015, the treating provider reported tenderness of the lumbar and cervical muscles with pain rated 8/10 without medications and 5/10 with medications. He had reduced range of motion to the cervical and lumbar spine. He was functionally worse in the activities of daily living without medications. The treatment plan included Skelaxin and Tylenol #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin #60 5 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 Muscle relaxants Page(s): 41.

Decision rationale: This 61-year-old male has complained of neck pain and low back pain since date of injury 8/2012. He has been treated with medications to include muscle relaxants since at least 08/2012. The current request is for Skelaxin. Per the MTUS guideline cited above, muscle relaxant agents (Skelaxin) are not recommended for chronic use and should not be used for a greater than 2-3-week duration. Additionally, they should not be used with other agents. Based on these MTUS guidelines, Skelaxin is not indicated as medically necessary.

Tylenol number 4 #90 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 61-year-old male has complained of neck pain and low back pain since date of injury 8/2012. He has been treated with medications to include opioids since at least 08/2012. The current request is for Tylenol number 4. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Tylenol number 4 is not indicated as medically necessary.