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| Case Number: | CM13-0009370 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 10/12/2005 |
| Decision Date: | 01/15/2014 | UR Denial Date: | 07/18/2013 |
| Priority: | Standard | Application Received: | 08/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, knee arthritis, chronic mid back pain, and chronic low back pain reportedly associated with an industrial injury of October 12, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical compounds; prior lumbar diskectomy in 2007; attorney representation; a cane; and extensive periods of time off of work, on total temporary disability. A December 12, 2012 note is notable for comments that the applicant has failed conservative measures and should consider a total knee arthroplasty. In a utilization review report of July 20, 2013, the claims administrator denied a request for various topical compounds and Skelaxin, a muscle relaxant. Multiple progress notes interspersed throughout 2012 are notable for the comments that the applicant is off of work, on total temporary disability. A September 17, 2013 progress note is notable for comments that the applicant reports pain ranging from 7 to 8/10 with medications and 9/10 without medications. The applicant has persistent knee and low back issues. The applicant remains off of work, on total temporary disability. Both oral pharmaceuticals, including Norco and numerous topical compounds are endorsed. An earlier progress note of April 1, 2013 was again notable for the comments that the applicant is off of work, on total temporary disability, despite ongoing usage of topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 113.

Decision rationale: As noted on the page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril, one of the ingredients in the compound here, are not recommended for compound use purposes. This results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request remains non-certified, on independent medical review.

Medrox Patch #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: As noted on the page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are, as a class, considered "largely experimental." In this case, it is further noted that the applicant has used this particular agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The fact that the applicant remains off of work, on total temporary disability and continues to be highly reliant on various medical treatments implies a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified.

Metaxalone 800mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Skelaxin Page(s): 61.

Decision rationale: As noted on the page 61 of the MTUS Chronic Pain Medical Treatment Guidelines, Skelaxin or metaxalone is recommended with caution as a second-line option for short-term pain relief in those individuals with chronic low back pain. Skelaxin is not, however, recommended for chronic, longstanding, or daily use purposes for which it is being proposed here. In this case, as with the other drugs, the applicant's failure to return to any form of work and continued dependence on various forms of medical treatment, including injections, a cane, medications, etc., implies a lack of functional improvement as defined in MTUS 9792.20f. Continuing Skelaxin in this context is not indicated. Therefore, the request is not certified.