

Case Number:	CM14-0119656		
Date Assigned:	09/16/2014	Date of Injury:	02/16/2000
Decision Date:	10/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert 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 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/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:

There were 16 pages provided for this review. Several medicines were approved including medical, Nabumetone. Skelaxin was denied. Per the records provided, the claimant was described as a 57-year-old female who had lumbar decompression and X stop placement on February 14, 2012. Her injury to the lumbar spine occurred on February 16, 2000. There are complaints of low back pain right greater than left as of May 21, 2014. The patient was unable to tolerate electrodiagnostic studies. She had constant lower extremity twitching. She continues to take the medicine as prescribed. She has a slow gait and she walks with a cane. The muscle strength was five out of five in the bilateral lower extremities, but with decreased sensation in the right L5 distribution. A urine drug screen report was reviewed on May 22, 2014. Metanx is a prescription medical food. The application for independent medical review was signed on July 28, 2014. It was for the Skelaxin 800 mg number 60 and Metanx May 21, 2014 request.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKELAXIN 800 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-63 OF 127.

Decision rationale: The MTUS notes that Metaxalone (Skelaxin) is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. The MTUS elsewhere also recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004). In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request is not medically necessary.

METANX #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pdrhealth.com/drugs/metanx (L-methylfolate)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Medical Food

Decision rationale: Metanx is a B vitamin preparation medical food. The MTUS is silent on Metanx. The ODG is also silent, but does note regarding medical foods, that they are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. Therefore, the request is not medically necessary.