

Case Number:	CM14-0131982		
Date Assigned:	08/22/2014	Date of Injury:	08/06/2012
Decision Date:	10/29/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 44-year-old female with a reported date of injury on 08/06/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbar radiculopathy, fibromyalgia/myositis, cervical radiculopathy, muscle spasm, and lumbar spine pain. Her previous treatments were noted to include physical therapy, chiropractic treatment, trigger point injections, a transforaminal epidural steroid injection and medication. The progress note dated 07/18/2014 revealed complaints of low back and neck pain. The injured worker complained of right lower buttock pain. The injured worker indicated she received 30% to 40% pain relief with Zanaflex, and it allowed her to function, including getting up from a seated position, and more overall endurance. The physical examination of the cervical spine revealed bilateral paraspinous tenderness. The physical examination of the thoracic spine revealed a palpable twitch positive trigger point in the thoracic paraspinous muscles. The lumbar spine was noted to have a positive straight leg raise bilaterally, and palpation of the lumbar facet revealed pain on both sides at L3 through S1. There was pain noted over the lumbar intervertebral spaces on palpation, and a palpable twitch positive trigger point was noted in the lumbar paraspinous muscles. The anterior flexion of the lumbar spine caused pain, and there was decreased range of motion. Motor strength was grossly normal, except pain inhibited the weakness of the bilateral hip flexors, knee flexors, knee extensors, and dorsiflexor. There was decreased sensation to the bilateral upper distribution and the lower extremity sensation was decreased except for the L5-S1 dermatomes. Her medication regimen was noted to include Skelaxin 800 mg 1 every 8 hours as needed for 30 days, Zanaflex 4 mg 1 tablet 3 times a day as needed, and Fioricet 50/325/40 mg 1 half to 1 tablet every 12 hours as needed. The Request for Authorization form was not submitted within the medical records. The request was for Skelaxin

800 mg #20, Zanaflex 4 mg #120, and Fioricet 50 mg #60. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time, and there is a lack of documentation of objective improvement. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Skelaxin 800mg #20 is not medically necessary.

Zanaflex 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time, and there is a lack of documentation of objective improvement. Therefore, the continued of this medication would not be supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request of Zanaflex 4mg #120 is not medically necessary and appropriate.

Fioricet 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

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

Decision rationale: The injured worker has been utilizing this medication since at least 02/2014. The Official Disability Guidelines do not recommend barbiturate containing analgesic agents for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy with BCAs due to the barbiturate constituents. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse, as well as rebound headache. There is a lack of documentation regarding improved functional status and efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request of Fioricet 50mg #60 is not medically necessary and appropriate.