

Case Number:	CM14-0196894		
Date Assigned:	06/03/2015	Date of Injury:	05/08/2001
Decision Date:	06/30/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 61 year old female who sustained an industrial injury on 05/08/11. Initial complaints and diagnoses are not available. Treatments to date include medications, acupuncture, home exercise program, psychological counseling, and trigger point injections. Diagnostic studies are not addressed. Current complaints include pain and frustration. Current diagnoses include bilateral upper extremity overuse syndrome, chronic right shoulder strain, trapezius muscle spasm, thoracic outlet syndrome, right borderline sensory demyelinating mononeuropathy between the wrist and the thumb, and pain induced depression and anxiety. In a progress note dated 08/20/14 the treating provider reports the plan of care as continued medications including Cymbalta, Skelaxin, tramadol, and Lyrica. The requested treatments include Skelaxin and tramadol. The injured worker has been on the same dosages of Skelaxin and tramadol since at least 01/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metaxalone (Skelaxin) 800mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-66.

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

Decision rationale: According to MTUS guidelines, Skelaxin, a non sedating muscle relaxant, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case, has had chronic spasms for several months that did not respond to muscle relaxant medications. There is no clear justification for prolonged use of skelaxin. The request of Metaxalone (Skelaxin) 800mg #30 is not medically necessary.

Tramadol 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

Decision rationale: According to MTUS guidelines, Ultram (tramadol) is a synthetic opioid indicated for pain management but not recommended as a first line oral analgesic. In addition, and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of Tramadol 300mg #30 is not medically necessary.