

Case Number:	CM14-0214814		
Date Assigned:	01/07/2015	Date of Injury:	04/05/1999
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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: Colorado

Certification(s)/Specialty: Preventive Medicine, Occupational 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 worker is currently 59 years old. As of September 17, 2014 the worker complained of constant back pain with bilateral lower extremity radiation with a pain intensity of 4/10 with medications and 8/10 without medications. On examination there was normal lumbar spine alignment and no tenderness over the sacrum or coccyx, or SI joint regions. There was tenderness in the paraspinal region at L4 and gluteus regions. Straight leg raising test was negative. Diagnoses include chronic pain syndrome and lumbar post laminectomy syndrome, as well lumbar intervertebral disk disorder, right piriformis syndrome, stress-related cephalgia. treatment plan included medications such as Norco, fentanyl, Medrol, Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol (Pak) 4mg #1 dose-pack(s) of 21: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Oral corticosteroids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Table 12-8 Page(s): 308.

Decision rationale: According to the MTUS, oral corticosteroids, which may be indicated for CRPS, are not recommended for chronic back pain and therefore, since there is no diagnosis of CRPS the request for Medrol is not medically necessary or appropriate.

Skelaxin 800mg #90: 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 (for pain), Antispasmodic Drugs Page(s): 61, 63.

Decision rationale: According to the MTUS, antispasticity drugs such as Skelaxin are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. In this case, the worker's back pain is documented as chronic without an acute exacerbation and, the prescription for Skelaxin does not appear to be for short term use. Therefore, the request for Skelaxin is not medically necessary or appropriate.