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| Case Number: | CM15-0016841 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 07/01/2014 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/20/2015 |
| Priority: | Standard | Application Received: | 01/29/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old female who reported an injury on 07/01/2014. The mechanism of injury was a slip and fall on a tomato. The injured worker underwent therapy. The injured worker underwent x-rays of the right shoulder and lumbar spine, an MRI of the lumbar spine, and an MRI of the right shoulder. There was a Request for Authorization submitted for review for Skelaxin on 01/07/2015. The documentation of 01/06/2015 revealed the injured worker had complaints of low back, left hip, and sacral region pain. The injured worker was noted to benefit from therapy; however, continued to walk with a cane. The physical examination revealed the injured worker had limited abduction and flexion and marked tenderness in the left sacral region, as well as minimally positive straight leg raise on the left at 80 degrees. The diagnoses included fracture sacrum/coccyx closed, tear biceps tendon, right shoulder, and impingement syndrome, right shoulder. The request was made for Skelaxin 800 mg 1 by mouth twice a day #100 with 1 refill, which was represcribed for spasms in the low back, and tramadol 50 mg 1 every 6 hours as needed #100 with 1 refill for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #100 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin (Metaxalone).

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. The use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional benefit. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. This medication was noted to be a refill and to have one refill. There was a lack of documentation indicating a necessity for an additional refill. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Skelaxin 800mg #100 with 1 refill is not medically necessary.

Tramadol 50mg # 100 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker was being monitored for aberrant drug behavior and side effects and failed to indicate the injured worker had objective functional benefit and an objective pain relief. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50mg # 100 with 1 refill is not medically necessary.