

Case Number:	CM15-0018870		
Date Assigned:	02/09/2015	Date of Injury:	11/08/2012
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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 52 year old female, who sustained an industrial injury on November 8, 2012, while manipulating a wheelchair. She has reported pain in the neck, mid- back, and lower back. The diagnoses have included lumbar radiculopathy, lumbar facet syndrome, low back pain, and hip pain. Treatment to date has included physical therapy, cortisone injections, acupuncture, cervical block, a functional restoration program, and medications. Currently, the injured worker complains of a lower backache. The Primary Treating Physician's report dated January 2, 2015, noted the injured worker with an abnormal electrodiagnostic study of the bilateral lower extremities, with evidence for chronic left L5-S1 lumbosacral radiculopathy without active denervation. Physical examination was noted to show lumbar spine range of motion (ROM) restricted, and on palpation, paravertebral muscles, spasm and tenderness and tight muscle band was noted on both sides, with lumbar facet loading positive on both sides and straight leg raising test positive on the left side. Tenderness was noted over the left hip trochanter, with a FABER test positive with groin pain on the left. On January 22, 2015, Utilization Review non-certified Skelaxin 800mg #60 and Flector 1.3% patch #120. The UR Physician's rationale and citations used for the decision was not included in the documentation provided. On February 3, 2015, the injured worker submitted an application for IMR for review of Skelaxin 800mg #60 and Flector 1.3% patch #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #60: 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 SKELAXIN Page(s): 61.

Decision rationale: Per the 01/02/15 report the patient presents with lower back pain and sleep difficulties. The current request is for SKELAXIN 800mg #60. The RFA included is dated 02/10/15. The reports do not state if the patient is working. MTUS page 61 states this medication is, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP." "Metaxalone is a muscle relaxant that is reported to be relatively non-sedating." The 12/05/14 report states that this medication was stopped due to side effects. The 01/02/15 report states a trial of Skelaxin was started for muscle spasms and use and side effects were discussed. On 01/30/15 the treater states this medication is to be taken 1 twice daily. In this case it is unclear from the reports provided how long prior 12/05/14 the patient trialed this medication. Per guidelines it is indicated for short-term use, and this request is for a 30 day supply. The treater does not state use is for the short-term. The request IS NOT medically necessary.

Flector 1.3% patch #120: 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 Topical analgesic Page(s): 111-113.

Decision rationale: Per the 01/02/15 report the patient presents with lower back pain and sleep difficulties. The current request is for FLECTOR 1.3% PATCH #120. The RFA is not included. The reports do not state if the patient is working. Flector patch is Diclofenac in a topical patch. Regarding topical NSAIDs, MTUS topical analgesics pages 111-113 states, "Indications: Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The reports included for review provide no clinical evidence of peripheral joint osteoarthritis/ tendonitis for which this medication is indicated. Lacking recommendation by the MTUS guidelines, the request IS NOT medically necessary.