

Case Number:	CM15-0128866		
Date Assigned:	07/15/2015	Date of Injury:	02/19/2007
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/03/2015

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 63 year old male, who sustained an industrial injury on 2/19/2007. The mechanism of injury is unknown. The injured worker was diagnosed as having pathologic fracture of the vertebrae and lumbago. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6/15/2015, the injured worker complains of chronic low back pain rated 7/10 with medications and 10/10 without medications. Physical examination showed low back tenderness with decreased range of motion. The treating physician is requesting Skelaxin 800 mg #90 and a Medrol dose pak.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Skelaxin 800mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with low back pain. The request is for 1 PRESCRIPTION OF SKELAXIN 800MG #90. The request for authorization is dated 06/16/15. Physical examination reveals moderate tenderness across his low back. His back range of motion reveals a flexion of 50 degrees and extension of 10 degrees due to pain. He is noted to have a right knee 20-degree extensor lag from a prior right knee injury. He states about 1-2 weeks ago the pain was worse in the middle of his upper part of the low back. The pain radiates across his back. The pain flared up and didn't get better. He states he took all the medications he could and nothing seemed to help. He did seem to get some relief with muscle relaxants. The pain is 10/10 without medications and with medications the pain is 7/10. He is able to do his daily activities and manage his garden if his pain is not uncontrolled. He denies side effects from the medications. Patient's medications include Opana ER, Opana, Ibuprofen, Skelaxin, Medrol Dose Pak. Per progress report dated 06/15/15, the patient to remain off-work. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." For skelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Per progress report dated 06/15/15, treater's reason for the request is "for acute muscle spasms." It appears this is the initial prescription of Skelaxin. MTUS recommends Skelaxin for short-term treatment of acute exacerbations in patients with chronic LBP. In this case, the patient had a flare up 1-2 weeks ago and didn't get better. Therefore, the request IS medically necessary.

1 prescription of Medrol dose pak: 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), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter under Medrol dose pak.

Decision rationale: The patient presents with low back pain. The request is for 1 PRESCRIPTION OF MEDROL DOSE PAK. The request for authorization is dated 06/16/15. Physical examination reveals moderate tenderness across his low back. His back range of motion reveals a flexion of 50 degrees and extension of 10 degrees due to pain. He is noted to have a right knee 20 degree extensor lag from a prior right knee injury. He states about 1-2 weeks ago the pain was worse in the middle of his upper part of the low back. The pain radiates across his back. The pain flared up and didn't get better. He states he took all the medications he could and nothing seemed to help. He did seem to get some relief with muscle relaxants. The pain is 10/10 without medications and with medications the pain is 7/10. He is able to do his daily activities and manage his garden if his pain is not uncontrolled. He denies side effects from the medications. Patient's medications include Opana ER, Opana, Ibuprofen, Skelaxin, Medrol Dose Pak. Per progress report dated 06/15/15, the patient to remain off-work. ODG under its low back chapter states not recommended for chronic pain. "There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarnier, 2012) ODG Low Back Chapter recommends in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use,

and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)." Per progress report dated 06/15/15, treater's reason for the request is "to give him to keep him out of the emergency room." In this case, the patient suffers from chronic low back pain. The requested Medrol Dose Pak is not indicated for this type of condition, as ODG recommends its use in some cases of acute radicular pain, but not for chronic pain. Therefore, the request IS NOT medically necessary.