

Case Number:	CM15-0066000		
Date Assigned:	04/13/2015	Date of Injury:	10/06/2005
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/07/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 55 year old female injured worker suffered an industrial injury on 10/06/2005. The diagnoses included lumbar disc injury, lumbar facet arthropathy and right sacroiliac arthralgia. The injured worker had been treated with medications. On 2/23/2015, the treating provider reported lower back pain referred to the right groin and thigh. There is moderate pain noted in the lumbosacral spine with positive straight leg raise. No lower extremity neurologic abnormalities were noted. The injured worker reported the generic lidocaine patches don't adhere to her skin. The treatment plan included Skelaxin, Omeprazole, and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (Metaxalone) Page(s): 63 and 65.

Decision rationale: Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. Metaxalone (Skelaxin, generic available) is reported to be a relatively non-sedating muscle relaxant. The exact mechanism of action is unknown, but the effect is presumed to be due to general depression of the central nervous system. Metaxalone was approved by the FDA in 1964 and data to support approval were published in the mid-1960s. In this instance, the duration of treatment with Skelaxin is unclear as the submitted medical record (legible portions) does not go back before February 2015. It appears the injured worker has been taking this medication for at least 2 months along with Ibuprofen. Muscle relaxants have shown no additional efficacy beyond NSAIDs such as Ibuprofen which the injured worker is taking. The use of Skelaxin in this instance appears to extend beyond the short term period for an acute pain exacerbation. Therefore, Skelaxin 800 mg #30 is not medically necessary.

Omeprazole #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68-69.

Decision rationale: Those taking NSAIDs like Ibuprofen who are at risk for gastrointestinal events should take a proton pump inhibitor such as omeprazole to lessen the likelihood of peptic ulceration. Those risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). For those with dyspepsia from NSAID therapy, the recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this instance, it has been documented that the injured worker has no gastritis or any side effects with the medications. She did have some reflux when treated previously with baclofen, but she no longer takes that. Otherwise, the injured worker would appear to possess none of the listed risk factors for gastrointestinal events. Therefore, omeprazole #60 is not medically necessary.

Lidoderm 5% #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this instance, the documented physical exam reveals no evidence of localized peripheral neuropathic pain. The lower extremity neurologic examination is said to be normal. There is no indication that a tricyclic or SNRI anti-depressant or anti-epilepsy drug has been tried first. Therefore, Lidoderm 5% #90 is not medically necessary.