MAXIMUS Federal Services

Case Number:	CM15-0075822		
Date Assigned:	04/27/2015	Date of Injury:	01/22/1985
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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: Internal 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 injured worker is a 56 year old female who sustained an industrial injury on 1/22/85 due to repetitive tasks resulting in pain in both hands. She complains of minimal neck pain with additional pain relief with gabapentin and Skelaxin; her right hand pain has persisted and is not relieved with gabapentin and Skelaxin; low back pain and headaches. She has sleep difficulty due to this pain. She is able to maintain her activities of daily living with current treatment. Industrial related medications are Slelaxin and gabapentin. Diagnoses include cervical spondylosis without myelopathy; cervicalgia; carpal tunnel syndrome, right carpal tunnel release times two, left carpal tunnel release times one, trigger release of left thumb and right index and ring fingers; chronic cervical radiculopathy; myalgia and myositis; neuralgia, neuritis and radiculitis, unspecified; rib resection in 2003. Treatments to date include medications, home physical therapy, and steroid injection into hands with temporary relief. In the progress note dated 3/12/15 the treating provider's plan of care includes request to continue with current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle relaxants Pages 63-66. Metaxalone (Skelaxin) Pages 61, 65. Decision based on Non-MTUS Citation FDA Prescribing Information Skelaxin http://www.drugs.com/pro/skelaxin.html.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. FDA Prescribing Information documents that Skelaxin (metaxalone) is indicated for acute musculoskeletal conditions. The sedative effects of Skelaxin and other CNS depressants (e.g., alcohol, benzodiazepines, opioids, tricyclic antidepressants) may be additive. Therefore, caution should be exercised with patients who take more than one of CNS depressants simultaneously. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Skelaxin for chronic conditions. Medical records indicate the long-term use of Skelaxin. Medical records indicate the long-term use of muscle relaxants, which is not supported by MTUS, ACOEM, and FDA guidelines. The use of Skelaxin is not supported by MTUS, ACOEM, or FDA guidelines. Therefore, the request for Skelaxin is not medically necessary.

Gabapentin 300mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page 18-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. The progress report dated 3/12/15 documented a history of three carpal tunnel surgeries, chronic neck and right hand pain, cervical spondylosis, cervicalgia, cervical radiculopathy, neuralgia, neuritis, and radiculitis. The patient reports pain relief with Gabapentin. Medical records documented neuropathic pain. Per MTUS, Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Therefore, MTUS guidelines support the request for Gabapentin. Therefore, the request for Gabapentin is medically necessary.