

Case Number:	CM15-0099160		
Date Assigned:	06/01/2015	Date of Injury:	06/08/1998
Decision Date:	07/01/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/22/2015

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, Pain Management

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 40 year old male, who sustained an industrial injury on 6/08/1998. The medical records submitted for this review did not include the details regarding the initial injury and treatments to date. Diagnoses include lumbar disc protrusion and radiculopathy, status post laminotomy, lumbar stenosis, post-laminectomy syndrome, lumbar facet arthropathy, degenerative disc disease, anxiety, depression and sleep disturbance secondary to chronic pain. Currently, he complained of low back pain with bilateral lower extremity pain. He reported increased muscle spasms with the previously prescribed Tizanidine 4mg twice a day not effective in relieving the spasm. On 2/10/15, the physical examination documented positive provocative maneuvers in cervical and lumbar spines. There were lumbar muscle spasms noted. The provider discontinued the Tizanidine 4mg twice a day. On 4/7/15, his complaints continued with low back pain and radiation to bilateral lower extremities. Physical examination findings were unchanged. The provider documented failure of Baclofen, Amrix, and Tizanidine, and denial of Robaxin. The Robaxin was discontinued at that time due to out of pocket expense. The appeal request was for Skelaxin 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Skelaxin, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Skelaxin is not medically necessary.

Zipsor 25 MG #120 with 2 Refills: 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), Pain (Web).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Zipsor, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the provider notes that the medication provides 75% pain relief and functional improvement. However, this appears to conflict with the amount of pain relief and functional improvement noted to be provided for multiple other medications that collectively equal well over 100%. Regardless, as with any medication, there should be routine reevaluation for efficacy and continued need, but multiple refills are not conducive to such reevaluation. Unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested Zipsor is not medically necessary.