

Case Number:	CM14-0148461		
Date Assigned:	09/18/2014	Date of Injury:	03/28/1998
Decision Date:	10/22/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 73 year old male who sustained an industrial injury on 3/28/1998. The 5/16/2014 PR-2 indicates the patient presents for cervical followup He states he has no pain but numbness in the right hand. He notes some recent symptoms of numbness in the right forearm which has resolved. Overall he is doing reasonably well. He takes Skelaxin and Arthrotec twice a day as well as uses Lidoderm patches. Physical examination documents negative Hoffman's sign and clonus, normal DTRs bilaterally, limited motion of the neck, and some generalized weakness of the right upper extremity versus the left. Assessment is history of cervical myelopathy status post cervical decompression. Treatment plan is to continue medications and follow up in 6 months. According to the chart note dated 8/25/2014, a peer to peer was performed regarding the patient's oral medications that he has been on for approximately the past 10 years, this includes Arthrotec, Skelaxin, and Lidoderm. He has history of cervical myelopathy and right upper extremity paralysis and ataxia.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKELAXIN 800 MG # 60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin), Muscle relaxants (for pain) Page(s): 61,63-64.

Decision rationale: The CA MTUS recommended with caution as a second-line option for short-term pain relief in patients with chronic back pain. Metaxalone (marketed by ██████████ under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. The patient was seen for follow-up examination on 5/16/2014, wherein there is no documented finding of spasms on examination. Apparently, his medication regimen has included skelaxin for about 10 years. Chronic use of muscle relaxants which is not supported by the guidelines and medical literature. The medical necessity of this request has not been established by the medical records. The request is non-certified.

ARTHROTEC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NSAIDS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Combination (NSAID/GI protectant): Arthrotec (diclofenac/ misoprostol) 50mg/200mcg, 75mg/20mcg. [Black Box Warning]: Do not administer Arthrotec/misoprostol to pregnant women because it can cause abortion. Mechanism of action: Combines a diclofenac (an NSAID) with misoprostol, an agent that inhibits basal and nocturnal gastric acid secretion and has some mucosal protective properties. Misoprostol is available as Cytotec. Uses: Indicated for the treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. These two products are available as separate medications if you need to individualize therapy. According to the CA MTUS, Arthrotec is indicated for the treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. Diclofenac is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines state NSAIDS are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. The patient has been chronically using Arthrotec, however, there is no current indication of recent flare-up or significant increase in pain, inflammation and loss of function with failure to respond to self-care, acetaminophen, OTC agents. The medical necessity of the request has not been established. The request is non-certified.

LIDODERM PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Page(s): 56-57.

Decision rationale: The guidelines state 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. However, the medical records do not establish this patient has localized peripheral pain. The patient's diagnosis is history of cervical myelopathy status post cervical decompression. The medical records do not establish Lidoderm patch is appropriate or medically necessary for the treatment of this patient's chronic non-neuropathic complaint. The request is non-certified.