MAXIMUS Federal Services

Case Number:	CM13-0023773		
Date Assigned:	01/03/2014	Date of Injury:	08/05/2010
Decision Date:	03/20/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 27-year-old female with a date of injury of 08/05/2010. The listed diagnoses per [redacted] dated 08/20/2013 are: 1. Sciatica; 2. Radiculopathy of spine/lumbar/leg; and 3. Degenerative disk disease, lumbosacral. According to progress report, dated 08/20/2013 by [redacted], the patient complains of back pain radiating to the left hip, buttock, and left leg. Objective findings show mildly positive straight leg raising on the left at 70 degrees, negative on the right, slight limits horizontal torsion and lateral bend. There are variable sensory changes and slight weakness on the left foot. The treater is requesting a refill for Skelaxin 800 mg and additional physical therapy for eight (8) visits for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #200 two (2) times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants - Metaxalone (Skelaxin). Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Page(s): 61.

Decision rationale: This patient presents with chronic back pain radiating to his lower left extremities. The treater is requesting Skelaxin 800 mg. Review of the reports from 04/24/2013 to 12/30/2013 shows that the patient has been on this medication since 04/24/2013. The Chronic Pain Guidelines indicate that Skelaxin is "recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone is a muscle relaxant that is reported to be relatively non-sedating." Long-term use of Skelaxin is not recommended according to the guidelines. Recommendation is for denial of Skelaxin.

Physical therapy for the low back two (2) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with chronic low back pain radiating to his left lower extremities. The treater is requesting "additional 8 physical therapy visits" for the low back. The medical records provided for review do not show any physical therapy reports to verify how much treatment and with what results were accomplished. The Chronic Pain Guidelines recommend eight to ten (8 to10) visits for myalgia, mitosis and neuralgia-type symptoms. In this case, the treater has asked for additional therapy for eight (8) sessions. It is not known how many treatments this patient has had in the recent past. There is no reporting by the treating physician as to the history of therapy and their efficacy. The guidelines requires that the treating physician monitor the patient's progress to properly determine treatment course. Recommendation is for denial of the additional therapy based on lack of proper reporting