

Case Number:	CM13-0034948		
Date Assigned:	12/11/2013	Date of Injury:	05/20/2003
Decision Date:	01/31/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/16/2013

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 Occupational 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 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 applicant has filed a claim for chronic low back, knee, and sacroiliac joint pain reportedly associated with an industrial injury of May 20, 2003. Additionally, the applicant has also alleged pain and pain-related anxiety reportedly associated with the injury. Thus far, she has been treated with the following: Analgesic medications; topical Voltaren; muscle relaxants; unspecified amounts of acupuncture; and work restrictions. In an October 31, 2013 note, the attending provider notes that the applicant was using Motrin three tablets daily, Norco one tablet a day, and Skelaxin as needed. The medications reportedly decreased the applicant's pain and allowed for activity. The applicant is not having any side effects. The applicant is apparently permanent and stationary and does seem to be working with restrictions in place, it was suggested on an earlier progress note of October 4, 2012. An earlier note of October 3, 2013 was notable for comments that the applicant was using Skelaxin for flares of back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #5 dispensed on 9/19/13: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: As noted on Page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, nonsedating muscle relaxants such as Skelaxin can be employed as a second-line option to treat acute flares for chronic pain. In this case, the small amount of Skelaxin (five tablets) being prescribed does suggest that the attending provider is in fact using Skelaxin to treat acute flares of pain, as is intended. The applicant appears to have demonstrated appropriate improvement in terms of diminished pain and successful return to work through usage of Skelaxin and other agents. The request is certified.