

Case Number:	CM13-0047716		
Date Assigned:	12/27/2013	Date of Injury:	09/22/2003
Decision Date:	03/24/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old female who reported an injury on 09/22/2003, secondary to a fall. The patient is currently diagnosed with low back and left lower extremity pain, status post L4-5 anteroposterior fusion, depression, history of DVT, and bilateral greater trochanteric bursitis. The patient was seen by [REDACTED] on 10/23/2013. The patient reported ongoing lower back and left lower extremity pain. Physical examination revealed decreased lumbar range of motion, tenderness to palpation, decreased sensation in the left L5-S1 dermatome, and weakness. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Skelaxin 800 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with

chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. There was no documentation of palpable muscle spasm, spasticity, or muscle tension upon physical examination. The patient had continuously utilized this medication. Despite ongoing use, the patient continued to report persistent lower back and left lower extremity pain. Satisfactory response to treatment was not indicated. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.