

Case Number:	CM13-0049714		
Date Assigned:	12/27/2013	Date of Injury:	09/26/2006
Decision Date:	02/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 47-year-old female who reported an injury on September 26, 2006. The patient is diagnosed with epicondylitis in the lateral elbow on the right, as well as impingement syndrome of the right shoulder. The patient was recently seen by [REDACTED] on December 10, 2013. The patient demonstrated improvement in the right upper extremity followed by an injection and physical therapy. Physical examination revealed a marked decrease in tenderness in the right lateral epicondyle with an improvement in range of motion. Treatment recommendations included continuation of current treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: The 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 of some

medications in this class may lead to dependence. As per the documentation submitted, the patient has continuously utilized this medication. There is no documentation of palpable muscle spasm, spasticity, or muscle tension upon physical examination. It was also noted by [REDACTED] on September 13, 2013, the patient has had little benefit in the past from Robaxin, Zanaflex, or Skelaxin. Based on the clinical information received and the California MTUS Guidelines, the request for Skelaxin 800mg is non-certified.