

Case Number:	CM13-0053231		
Date Assigned:	12/30/2013	Date of Injury:	10/23/1998
Decision Date:	05/22/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/18/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 39 year old woman who sustained a work-related injury on October 23, 1998. Subsequently the patient developed severe complex regional pain syndrome type I, particularly in her left leg and right arm. The patient was treated with Lyrica, Oxycodone, Norco and Trazodone, The patient was diagnosed with reflex sympathetic dystrophy of lower extremity left upper extremity, pain syndrome, cervical pain and joint pain. Her physical examination demonstrated decreased sensation in the left upper extremity right lower extremity. The provider requested authorization for Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKELAXIN 800MG ONE PO Q 12 HOURS PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics. Page(s): 64.

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

Decision rationale: According to California MTUS guidelines, Skelaxin a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time

and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Skelaxin is not justified. The request of Skelaxin 800mg, #60 is not medically necessary.