

Case Number:	CM13-0070177		
Date Assigned:	01/08/2014	Date of Injury:	06/07/2004
Decision Date:	05/30/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Acupuncture and Pain 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 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:

This is a 52y/o female injured worker with date of injury 6/7/04 with related neck and right upper extremity complaints. Per 10/25/13 progress report, she continues to have numbness and tingling in her right hand. Examination shows tenderness in the paracervical muscles, motion is restricted, cervical flexion with chin to within one finger breadth of the chest, extension 30 degrees, right shoulder is tender about the biceps tendon and acromioclavicular joint, right elbow is tender about the lateral epicondyle, there is a well healed surgical scar, flexion to 90 degrees, extension to 0, right knee with joint line tenderness, patellar tendon is tender, mild swelling, no instability and right knee motion is from 0-100. She has been diagnosed with cervical strain, right shoulder pain following arthroscopy 3/14/05, right elbow pain, status post medial epicondylar reconstruction 9/16/06, right carpal tunnel syndrome, L5-S1 disc injury with extruded disc and annular tear/facet joint symptoms, right knee osteoarthritis following arthroscopy 9/27/07 and depression. Imaging studies were not contained in the documentation submitted for review. The documentation does not state that physical therapy was utilized. She has been treated with acupuncture, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKELAXIN 800MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 61-63.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines page 61, Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. With regard to muscle relaxants, the Chronic Pain Guidelines go on to state "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The medical records submitted for review do not document an acute exacerbation of low back pain. The request is not medically necessary.