

Case Number:	CM14-0014422		
Date Assigned:	02/28/2014	Date of Injury:	04/02/2013
Decision Date:	08/01/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is a 31 year old male who has submitted a claim for a backache associated with an industrial injury date of 4/2/2013. Medical records from 2013 were reviewed which revealed persistent low back pain radiating to postero-lateral thigh and calf including lateral, bottom and dorsal aspect of the foot. Quality of sleep was poor. Physical examination of the lumbar spine showed restricted range of motion with flexion and extension secondary to pain. Spasm was noted over paravertebral muscles. Lumbar facet loading was negative on both sides. Straight leg raising test was positive on both sides. FABER and Pelvic compression tests were negative. An MRI of the lumbar spine done on 6/2/13 showed moderate canal stenosis at L4-5 from broad protrusion and facet changes. Prior L5-S1 laminectomy with small central disc protrusion with tear of the outer annulus was noted. Treatment to date has included, transforaminal bilateral lumbar epidural steroid injection using fluoroscopy at L5-S1. Medications taken include, Flexeril, Gabapentin, Norco and Diazepam. A utilization review from 1/28/2014 denied the request for Skelaxin because it is only recommended for short term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF SKELAXIN 800MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Muscle Relaxant Page(s): 63-65.

Decision rationale: As stated on page 63 of the MTUS Chronic Pain Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient was prescribed Skelaxin since 10/2/2013. However, no functional gains were mentioned from the medical records submitted. In addition, guidelines recommend short-term use of muscle relaxants. Medical necessity has not been established. Therefore, the request is not medically necessary.