

Case Number:	CM14-0122018		
Date Assigned:	08/06/2014	Date of Injury:	11/21/2006
Decision Date:	09/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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 Occupational 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:

Patient is a 27-year-old male who has submitted a claim for lumbar disc displacement associated with an industrial injury date of 11/21/2006. Medical records from 2010 to 2014 were reviewed. Patient complained of low back pain radiating to the lower extremities bilaterally. Physical examination on of the lumbar spine showed restricted range of motion. Straight leg raise test was positive. Treatment to date has included medications such as Skelaxin (since December 2013), Naproxen, and Tramadol. Utilization review from 7/15/2014 denied the request for Skelaxin 800mg, # 60 with 2 refills because there was no documentation of muscle spasm and long-term use was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg, # 60 with 2 refills.: Upheld

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

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

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment 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 has been on Skelaxin since December 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. The most recent physical examination also failed to provide evidence of muscle spasm. Therefore, the request for Skelaxin 800mg, # 60 with 2 refills is not medically necessary.