

Case Number:	CM14-0131810		
Date Assigned:	08/20/2014	Date of Injury:	04/17/2007
Decision Date:	11/20/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 57-year-old female with a 4/17/07 date of injury. At the time (7/22/14) of request for authorization for Skelaxin 800 mg, 3 times a day, #90, zero refills, there is documentation of subjective (back pain) and objective (tenderness to palpation over cervical spine as well as lumbar spinous region with decreased range of motion) findings, current diagnoses (lumbosacral spondylosis and sacroilitis), and treatment to date (medications (including ongoing treatment with Dilaudid, Fentanyl patch, Cymbalta, Neurontin, and Skelaxin since at least 1/27/14)). Medical report identifies that current medication regimen helps with pain control. There is no documentation of acute exacerbations in patients with chronic low back pain; the intention for short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Skelaxin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg, 3 times a day, #90, zero refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Page(s): 61. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic low back pain, used as a second line option, and utilization limited to short term, as criteria necessary to support the medical necessity of Skelaxin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis and sacroilitis. In addition, there is documentation of ongoing treatment with Skelaxin; and Skelaxin used as a second line option. However, despite documentation of pain, there is no (clear) documentation of acute muscle spasm, or acute exacerbations in patients with chronic low back pain. In addition, given documentation of records reflecting prescriptions for Skelaxin since at least 1/27/14, there is no documentation of the intention for short-term (less than two weeks) treatment. Furthermore, despite documentation that current medication regimen helps with pain control, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Skelaxin use to date. Therefore, based on guidelines and a review of the evidence, the request for Skelaxin 800 mg, 3 times a day, #90, zero refills is not medically necessary.