

Case Number:	CM14-0139695		
Date Assigned:	09/08/2014	Date of Injury:	09/24/1992
Decision Date:	11/28/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/28/2014

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 Texas. 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 injured worker is a 64 year old male with a date of injury on 9/24/1992. The worker has chronic neck pain for which he has treated for some time. The worker has been using the muscle relaxant Skelaxin since around 2012. The worker has been treated with prior cervical neurotomy procedures which have helped his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #30 with 3 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 relaxants (for pain) Page(s): 63-66.

Decision rationale: The injured worker has been using this medication for some years. The notes submitted for review, however, fail to support that the worker has had significant improvement in pain or function with Skelaxin. In fact, notes indicate that the worker needed the repeat neurotomy procedure to help with his ongoing neck pain. There is no data that with the use of the Skelaxin the worker has had functional improvement or pain relief. There is no data to support the presence of musculoskeletal pathology for which a muscle relaxant would be in

order. Lastly, the Chronic Pain Medical Treatment Guidelines indicate that muscle relaxants are appropriate for short term use during the acute phase of an injury, which is not the case at this time. Therefore, the requested Skelaxin 800mg #30 with 3 refills is not medically necessary.