

<b>Case Number:</b>	CM14-0151254		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/29/2007
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 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 injured worker is a 44 year old female who was last evaluated on September 4, 2014 by her primary treating physician for neck and low back pain. Her date of injury was May 29, 2007. Her injury was the result of cumulative trauma and repetitive strain as the result of performing her work as a transit operator. The intensity of her pain was 2/10 with the use of medication. Medications include Ibuprofen and Skelaxin. Physical examination showed restricted range of motion of the cervical spine and shoulders, hypertonicity of the cervical spine paravertebral muscles, and negative Spurling's maneuver. Range of motion of the bilateral elbow and wrist joints was within normal limits. Sensation and motor strength was normal and reflexes symmetrical. Diagnoses included cervical, thoracic, shoulder and wrist pain and sprain/strain as well as cervical spine disc disorder. Treatment plan included continuation of medications for exacerbation of symptoms and consideration of trigger point injections. The injured worker was to continue with her cervical spine home traction unit as well as home exercise program. In the past the injured worker has undergone electrodiagnostic evaluation as well as evaluation with cervical spine magnetic resonance imaging scan. She has undergone conservative treatment with physical therapy and has used a transcutaneous electrical nerve stimulation unit. The injured worker is working currently and work status is permanent and stationary. Per the last primary treating physician's progress note, the injured worker had experienced an exacerbation of her symptoms will performing her work. This aggravated her neck pain and she noticed a pulling sensation and reduced range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800 mg #30 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** The injured worker has a history of chronic neck, shoulder and upper back pain as well as cervical spine degenerative disc disease. She has undergone conservative treatment with medications, including non-steroidal anti-inflammatory medications, and physical therapy and performs a home exercise program. She continues to use electrical stimulation and non-steroidal anti-inflammatory medications to control her pain and uses Skelaxin on as needed basis for acute exacerbation of her neck pain. Per Medical Treatment Utilization Schedule guidelines, muscle relaxants are recommended as a second-line treatment option for short term treatment of acute exacerbation of symptoms. The Skelaxin 800 mg #30 with 1 refill is therefore considered medically necessary. The documentation dated September 4, 2014 indicated that the injured worker had an acute exacerbation of her symptoms and is using the medication on as needed basis. Additionally, she has and continues to use other treatment modalities, including non-steroidal anti-inflammatory medication, a transcutaneous electrical nerve stimulation unit, and home exercise. Therefore the request for Skelaxin 800mg #30 with 1 refill is medically necessary.