

Case Number:	CM14-0152936		
Date Assigned:	09/23/2014	Date of Injury:	06/01/2005
Decision Date:	10/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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:

According to the records made available for review, this is a 56-year-old male with a 6/1/05 date of injury. At the time (9/10/14) of the Decision for Skelaxin 800mg tablets (1) tablets twice daily quantity 60.00, there is documentation of subjective (neck and back muscle spasm, right elbow pain with weakness, and left foot pain) and objective (decreased range of motion to neck, left shoulder, and lumbar region; positive left leg raise; and decreased sensory exam to left lateral foot) findings, current diagnoses (neck sprain, displacement of lumbar intervertebral disc, shoulder derangement, and shoulder/upper arm sprain), and treatment to date (medications (including ongoing treatment with Cyclobenzaprine, Norco, and Diazepam)). There is no documentation of acute exacerbation of chronic low back pain and the intention of short term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg tablets (1) tablets twice daily quantity 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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)

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. 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 neck sprain, displacement of lumbar intervertebral disc, shoulder derangement, and shoulder/upper arm sprain. In addition there is documentation of Skelaxin used as a second line option. However, despite documentation of muscle spasm, and given documentation of a 6/1/05 date of injury, there is no (clear) documentation of acute muscle spasm or acute exacerbations of chronic low back pain. In addition, given documentation of a request for Skelaxin (1) tablets twice daily quantity 60.00, there is no (clear) documentation of the intention of short term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Skelaxin 800mg tablets (1) tablets twice daily quantity 60.00 is not medically necessary.