

Case Number:	CM14-0157957		
Date Assigned:	10/01/2014	Date of Injury:	11/16/2000
Decision Date:	10/28/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/26/2014

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 & 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:

This 61 year-old patient sustained an injury on 11/16/2000. Request(s) under consideration include Skelaxin 800 MG #120. Diagnoses include lumbago/ lumbar disc with radiculopathy, peripheral neuropathy, and thoracic region pain. The patient continues to treat for chronic low back pain with radiculopathy. Report of 6/13/14 from the provider noted constant discomfort and low back pain continues; no flare-up noted; medications help control pain. Brief exam showed tenderness of lumbosacral region and slow tender gait. Diagnosis was lumbar disc with radiculopathy. Treatment include prescription of Tramadol, Skelaxin and Mobic. The patient remained off work. Report of 9/19/14 from the provider noted the patient with low back pain rated at 8/10; medication reduces to 4/10; walking more. Exam showed limited range with lumbosacral TTP; positive paraspinals hypertrophy. Treatment included continued medication refills of Mobic, Tramadol and Skelaxin with patient off work and QIW. The request(s) for Skelaxin 800 MG #120 was non-certified on 8/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: This 61 year-old patient sustained an injury on 11/16/2000. Request(s) under consideration include Skelaxin 800 MG #120. Diagnoses include lumbago/ lumbar disc with radiculopathy, peripheral neuropathy, and thoracic region pain. The patient continues to treat for chronic low back pain with radiculopathy. Report of 6/13/14 from the provider noted constant discomfort and low back pain continues; no flare-up noted; medications help control pain. Brief exam showed tenderness of lumbosacral region and slow tender gait. Diagnosis was lumbar disc with radiculopathy. Treatment includes prescription of Tramadol, Skelaxin and Mobic. The patient remained off work. Report of 9/19/14 from the provider noted the patient with low back pain rated at 8/10; medication reduces to 4/10; walking more. Exam showed limited range with lumbosacral TTP; positive paraspinals hypertrophy. Treatment included continued medication refills of Mobic, Tramadol and Skelaxin with patient off work and QIW. The request(s) for Skelaxin 800 MG #120 was non-certified on 8/26/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2000. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use. The Skelaxin 800 MG #120 is not medically necessary and appropriate.