

Case Number:	CM14-0166462		
Date Assigned:	10/13/2014	Date of Injury:	10/04/2004
Decision Date:	11/24/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 49 year old female with complaints of low back pain and right leg pain. The date of injury is 10/4/04 and the mechanism of injury is lifting injury. At the time of request for metaxalone 800mg#180, there is subjective (low back pain, right lower extremity pain) and objective (restricted range of motion lumbar spine, well healed midline surgical scar lumbar, tenderness to palpation paraspinal musculature lumbar spine right greater than left, tenderness right sciatic notch, muscle hypertonicity lumbar paravertebral musculature right side) findings, imaging/other findings (CT myelogram 4/23/14 shows solid fusion L4-5 and L5-S1 without any abnormal findings), diagnoses (post-laminectomy syndrome of lumbar spine, lumbosacral radiculitis, degeneration of lumbar disc), and treatments to date (medications, surgical decompression/fusion, physical therapy). Muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metaxolone 800mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. Unfortunately, the documentation supplied does not support the requested treatment. Therefore, Metaxolone 800mg #180 is not medically necessary and appropriate.