

Case Number:	CM14-0178775		
Date Assigned:	11/10/2014	Date of Injury:	10/24/2004
Decision Date:	12/11/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/28/2014

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 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 49 year-old patient sustained an injury on 10/4/2004 while employed by [REDACTED]. Request(s) under consideration include Metaxalone 800mg #180. Diagnoses include lumbar disc degeneration; lumbosacral radiculitis; and post-laminectomy syndrome. Medications list Hydrocodone/Acetaminophen, Skelaxin, Triamterene, Gabapentin, Atenolol, Amlodipine, HCTZ, and Ibuprofen. Report of 9/8/14 from the provider noted the patient with chronic ongoing back pain aggravated by activities and improved with rest. There were also complaints of headaches, cramps, and depression. Exam showed well-healed midline lumbar incision; tenderness at paravertebral muscles and sciatic notch; limited lumbar range with flex/ext/rotation at 10/0/5 degrees; heel and toe walk without problems; psychiatric exam was intact with appropriate memory, attention and concentration with good judgment and insight. Treatment included x-rays, PT, genetic testing, electrodiagnostic studies, and medication refills. The request(s) for Metaxalone 800mg #180 was non-certified on 9/24/14 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:

Metaxolone 800mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxant Page(s): 65.

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

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2004. Additionally, the efficacy of muscle relaxants 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 Metaxalone (Skelaxin) 800mg #180 is not medically necessary and appropriate.