

Case Number:	CM14-0021916		
Date Assigned:	05/09/2014	Date of Injury:	11/05/2008
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 59 year old female injured on November 5, 2008 as a result of cumulative trauma to the left shoulder and neck. The injured worker has reported ongoing pain status post left shoulder subacromial decompression and rotator cuff debridement and cervical spondylosis. The clinical note dated January 27, 2014 indicates the injured worker presented complaining of left sided neck pain with stiffness and burning in her upper back and shoulder blade area. The injured worker reports shooting pain down the bilateral upper extremities without numbness or tingling reported. The injured worker does report she participates in home exercise program; however, does not remember a significant portion of the exercises that were taught to her by physical therapy. The physical examination revealed decreased cervical range of motion, muscle strength 5/5 in the bilateral upper extremities, sensation normal to bilateral upper extremities, sit to stand and gait were within normal limits. Prior treatments include transcutaneous electrical nerve stimulation (TENS) unit, shoulder injections and physical therapy in 2010. Current medications include Flexeril every night at bedtime. The injured worker was recommended the use of Skelaxin in place of Flexeril due to drowsiness. Additionally, 6 sessions of physical therapy to review and upgrade her home exercise program, TENS unit electrodes, and left shoulder injection were recommended. The initial request for retrospective Skelaxin 800mg, 1-2 times daily on January 27, 2014 was initially non-certified on February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE SKELAXIN 800 MG ONE TO TWO TIMES DAILY ON 01/27/14:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, 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. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has been prescribed muscle relaxants on a chronic basis exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Skelaxin 800 mg one to two times daily on January 27, 2014 cannot be established at this time.