

Case Number:	CM14-0026453		
Date Assigned:	06/20/2014	Date of Injury:	09/02/2003
Decision Date:	08/13/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 Florida. 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 36-year-old female who reported a slip and fall on 09/02/2003. On 08/28/2013 her diagnoses included radiculitis/radiculopathy to the lumbar and thoracic spine, chronic, sacroiliitis, lumbosacral spondylosis, and post laminectomy syndrome of the lumbar region. Her medications included Robaxin 750 mg, promethazine 25 mg, OxyContin 10 mg, OxyContin 20 mg, oxycodone 10 mg, Lidoderm 5% patch, and Ambien CR 12.5 mg. Her complaints included lower back pain radiating to the lower extremities. On 12/18/2013, her diagnoses and medications were unchanged. A progress note from 12/11/2013 reported that this injured worker had previous kidney and liver elevations with the use of NSAIDs. Diagnoses at that time included undifferentiated connective tissue disease apparently with worsening arthralgias and arthritis in her hands and feet, chronic lower back pain, degenerative disc disease of the lumbar spine with myelopathy, including multiple surgeries and complications. On 01/15/2014, medications included Robaxin 750 mg, Lidoderm 5% patch, ambien CR 12.5 mg. The dosages of her OxyContin and oxycodone were reduced. Approximately 1 month later on 02/11/2014, the Robaxin 750 mg was replaced with Skelaxin 800 mg. There was no rationale documented for the change in medication. There was no request for authorization included with the documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKELAXIN 800MG TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Muscle Relaxants Page(s): 63-66.

Decision rationale: The California MTUS recommends that non-sedating muscle relaxants be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Metaxalone (Skelaxin), an antispasmodic, is reported to be a relatively non-sedating muscle relaxant. The exact mechanism of action is unknown, but the effect is presumed to be due to general depression of the central nervous system. This medication needs to be used with caution in patients with renal and/or hepatic failure. Although this worker does not have a record of renal or hepatic failure, there was documentation attesting to a rise in her kidney and liver function tests with use of medication. The submitted documentation notes that she had been taking Robaxin for 6 months prior to being changed to Skelaxin. The Guidelines state that muscle relaxants are supported only for short-term use. Chronic use would not be supported by the Guidelines. There was no documentation of spasticity and no documentation of significant functional benefit from the use of the muscle relaxants. There was no documentation of a recent exacerbation of her chronic low back pain. Therefore, the request for Skelaxin 800 mg TID is not medically necessary and appropriate.