MAXIMUS Federal Services

Case Number:	CM14-0042165		
Date Assigned:	06/30/2014	Date of Injury:	06/17/2003
Decision Date:	08/07/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational Medicine 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 17, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; and opioid therapy. In a Utilization Review Report dated March 29, 2014, the claims administrator approved a request for Lyrica, denied a request for Skelaxin, and approved a request for Norco. The applicant's attorney subsequently appealed. In a medical-legal evaluation of July 29, 2005, the applicant was described incapable of returning to his former occupation and was therefore characterized as a qualified injured worker. On June 10, 2014, the applicant presented with persistent complaints of chronic low back pain status post multiple epidural steroid injections. The applicant reported pain ranging from 3-7/10. The applicant's current medications were not clearly stated. The applicant was described as a disabled former janitor. The applicant is only able to do limited chores around the home. The note was very difficult to follow and mingles old complaints with current complaints. The applicant was apparently asked to continue Norco, stop Skelaxin, and refill Lyrica. The attending provider stated that while Skelaxin was working for the applicant's spasm complaints, the applicant would appeal the decision through his attorney.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS , Muscle Relaxants topic.2. MTUS 3. MTUS 9792.20f Page(s): 7, 63.

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of muscle relaxants such as Skelaxin for acute exacerbations of chronic pain, in this case, however, the attending provider has seemingly proposed continuation of Skelaxin for chronic, long-term, scheduled, and/or daily use purposes. This is not an appropriate usage of the same, per the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines suggested an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, it does not appear that Skelaxin has been altogether efficacious in terms of the functional improvement parameters established in MTUS 9792.20f. The applicant remains off of work. The applicant remains reliant on opioid therapy with Norco. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Skelaxin. Therefore, the request for Skelaxin is not medically necessary.