

Case Number:	CM14-0044579		
Date Assigned:	07/02/2014	Date of Injury:	08/25/2009
Decision Date:	12/04/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/11/2014

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 Pain Medicine, Spinal Cord Medicine, has a subspecialty in Interventional Spine 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 patient is a 43 years old female with date of injury 8/25/09. The treating physician report dated 2/11/14 indicates that the patient presents with chronic neck pain. The patient reports that the OxyContin 30mg tid made her too lethargic. The physical examination findings reveal scarring of the neck, spasms, tenderness of C2-C7 facets, restricted ranges of motion and normal upper extremity muscle strength. Prior treatment history includes fusion at C5/6, C2-4 RFA, C2-4 MBB and medication management. The current diagnoses are: 1. Cervical facet pain C2-C7 2. Cervical facet joint arthropathy 3. Cervical discectomy and fusion C5/6 4. Cervical S/S The utilization review report dated 3/15/14 denied the request for Skelaxin 800mg based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 63-66, 74-95,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Page(s): 61.

Decision rationale: The patient presents with chronic neck pain following cervical fusion at C5/6 in October 2011. The current request is for SKELAXIN 800mg. In reviewing the medical records provided the patient has been prescribed Tizanidine on 10/23/13 and 12/17/13 to help decrease muscle spasms. On 2/11/14 the treating physician prescribed Skelaxin 800mg 1 tab p.o. tid prn for spasm #90. Metaxalone (Skelaxin) is supported in the MTUS guidelines as a non-sedating muscle relaxant. MTUS page 60 also requires recording of pain and function when medications are used for chronic pain. In this case, the treater has made a new request for Skelaxin and there is no documentation that this medication was previously prescribed. The current request is supported by MTUS and the treating physician would need to document the effects of the medication per MTUS to justify continued usage in the future. The request is medically necessary.