MAXIMUS Federal Services

Case Number:	CM14-0045755		
Date Assigned:	07/02/2014	Date of Injury:	04/30/2003
Decision Date:	08/15/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 neck and shoulder pain reportedly associated with an industrial injury of April 30, 2003.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; trigger point injections; and the apparent imposition of permanent work restrictions. In an August 15, 2013 progress note, the applicant was described as having recently completed acupuncture. Unchanged low back pain was noted. The applicant was still having difficulty walking for greater than 20 minutes, it was stated. The applicant underwent trigger point injections in the clinic setting. Skelaxin was endorsed on an as-needed basis. It was stated, in another section of the report, however, that the applicant was using Skelaxin twice daily. The applicant's work status was not clearly stated; however, it did not appear that the applicant was working. On June 26, 2014, the applicant was described as permanent and stationary. It was stated that the applicant had failed conservative treatment. Persistent complaints of pain were noted. The applicant was asked to try Lyrica. The applicant was asked to use Skelaxin once to twice daily for muscle spasms if and when they arose.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin (Metaxalone).

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

Decision rationale: As noted on page 61 of the MTUS Chronic Medical Treatment Guidelines, Skelaxin is recommended with caution as a second-line option for short-term pain relief in applicants with chronic low back pain. In this case, however, the attending provider and/or applicant are seemingly employing the medication on what amounts to a regular basis, on the order of one to two tablets daily. Thus, the applicant, in a fact, is using Skelaxin on a chronic, long-term, and/or scheduled use basis, contrary to what is suggested on page 61 of the MTUS Chronic Medical Treatment Guidelines. No rationale for selection and/or ongoing usage of Skelaxin in the face of the unfavorable recommendation was provided. Therefore, the request is not medically necessary.