

Case Number:	CM14-0048683		
Date Assigned:	10/13/2014	Date of Injury:	02/12/2003
Decision Date:	11/14/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 40-year-old man who sustained a work-related injury on the February 12, 2003. Subsequently, he developed chronic back pain. According to a progress report dated on February 19, 2014, the patient was complaining of chronic low back pain for which he was treated with laminectomy and pain medications. He was complaining of flare up of his back pain radiating to his hip with burning sensation. The patient pain was rated 9/10 without medication and 7/10 with medications. His physical examination demonstrated lumbar tenderness with reduced range of motion, positive bilateral straight leg raising, muscle spasm and positive impingement sign over the left shoulder with reduced range of motion. The patient was diagnosed with flare up of low back pain, lumbar sprain, status post laminectomy syndrome and left shoulder sprain. The provider requested authorization to use the Skelaxin.

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 Metaxalone (Skelaxin), Muscle Relaxants.

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

Decision rationale: According to MTUS guidelines, Skelaxin a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case, has a chronic spasms for several months that did not respond to muscle relaxant medications. There is no clear justification for prolonged use of Skelaxin. The request of Skelaxin 800mg, #60 is not medically necessary.