

Case Number:	CM14-0067933		
Date Assigned:	07/14/2014	Date of Injury:	06/20/2008
Decision Date:	09/09/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Spinal Cord Medicine: and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury while working as a plumber occurring on 06/20/08 when he lifted a pipe and had low back pain. Treatments included medications, physical therapy, and epidural injections. He underwent an L4/5 and L5/S1 disc replacement on 10/29/10 with subsequent notes documenting marginal benefit after the surgery. He was seen by the requesting provider on 03/14/14. He was having constant lumbar pain rated at 6-7/10 increased with exertion and cold weather and was also having pain into the lower extremity. Medications were Lisinopril, Amlodipine, Oxycodone, OxyContin, Lyrica, Skelaxin, Nexium, and Levothyroxine. Physical examination findings included appearing anxious and in distress. There was decreased lumbar spine range of motion and cervical and lumbar paraspinal muscle tenderness. There was tenderness over the right shoulder. He had right lower extremity weakness and there was decreased lower extremity sensation bilaterally. There was a positive right straight leg raise. He was noted to have an unstable gait. He was continued out of work. On 04/18/14 he had ongoing pain rated at 6/10. Physical examination findings appear unchanged. Skelaxin 800 mg #30, Pristiq 100 mg #30, Nexium 20 mg #60, Lidoderm 5% patch #60, Ambien CR 12.5 mg #30, Fentanyl 25 mcg #10, Oxycodone 30 mg #30, and Lyrica 100 mg #30 were prescribed. He was continued out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65,67-68,78,44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): p63-66.

Decision rationale: The claimant has a history of a work-related injury to the lower back and underwent a two level disc replacement nearly 4 years ago. He continues to be treated for chronic low back pain. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory medication in pain and overall improvement. Metaxalone (Skelaxin) is reported to be a relatively non-sedating muscle relaxant. Its effect is presumed to be due to general depression of the central nervous system rather than by inhibiting spasticity. In this case, when seen by the requesting provider, cervical and lumbar paraspinal muscle tenderness is documented without reported findings of muscle spasm. Therefore, Skelaxin is not medically necessary.