

Case Number:	CM14-0072081		
Date Assigned:	07/16/2014	Date of Injury:	01/09/2014
Decision Date:	09/17/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/19/2014

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 and is licensed to practice in Georgia. 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 injured worker was injured on 01/09/2014. The mechanism of injury is unknown. Prior treatment history has included 6 sessions of physical therapy on note dated 02/18/2014, the patient was noted to have muscle spasms on exam and an antalgic gait. Chiropractic therapy was requested. Progress report dated 03/31/2014 states the patient presented with back pain rated as 10/10 radiating down to the left leg. He reported difficulty with walking and standing. He stated his medication helps slightly but not for a long time. On exam, he has allodynia of the paravertebral muscles on the left with mild myospasm of the lumbar paravertebral muscle on the left side. He was noted to have significant pain behavior and restraining from mobility. He has an antalgic gait with low stance on the left leg tilted to the right side using the cane. He was walking on the tip toes and heels not tested due to imbalance from the pain. Range of motion of the lumbar spine is restricted and has a flexibility of 50% of flexion; extension 0%; lateral bending and rotation 50%. Flexion is to 80 degrees; extension to 20-30 degrees; lateral bending to 35 degrees and lateral rotation to 45 degrees. There is no tenderness to palpation. Straight leg raise is positive on the left and negative on the right. The patient is diagnosed with lumbar discogenic myofascial pain; disc protrusion at L5-S1; and left lumbar radicular syndrome. The recommendation is Flexeril and Gabapentin; possibly referral back to physical therapy and he have a pending LESI. Prior utilization review dated 04/29/2014 states the request for Skelaxin 800mg #60 x4 refills is denied as it is not medically necessary based on evidence submitted for review.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

Decision rationale: According to the Official Disability Guidelines long term use of muscle relaxants is not recommended for pain patient on chronic opioids due to dependence and respiratory depression. The request is not medically necessary based on evidence submitted for review.