

Case Number:	CM14-0081692		
Date Assigned:	07/18/2014	Date of Injury:	08/25/2009
Decision Date:	09/19/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 Illinois. 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 is a 43-year-old female who reported an injury on 08/29/2009 due to unspecified mechanism of injury. The injured worker had a history of bilateral neck pain. The diagnoses included cervical sprain/strain, cervical facet joint arthropathy, bilateral upper and lower cervical facet joint pain at the C2-3, C3-4, C4-5, and C6-7. The past surgeries included anterior cervical discectomy and cervical fusion at the C5-6. The diagnostics included status post positive fluoroscopically guided diagnostic at the right C2-3 and the right C3-4 radiofrequency nerve ablation and a fluoroscopic guided diagnostic right C2-3 and right C3-4 facet joint medial branch block. The past treatments included medication, heat, and Tempura -Pedic neck pillow. The objective findings dated 03/20/2014 to the cervical spine revealed a well healed scar to the cervical region, positive for spasms, tenderness to palpation of the cervical paraspinal muscles at the C2 to C7 of facet joint, range of motion restricted by pain times all directions. Extension greater for pain than flexion. The cervical facet joint provocation maneuvers were positive. Nerve root tension signs negative bilaterally. Muscle strength reflexes were a 1 symmetrically and bilaterally to all limbs. The clonus, Babinski and Hoffmann's signs were negative bilaterally. Muscle strength 5/5 times all limbs. The medications included Lyrica 100 mg Prilosec 20 mg, trazodone 2 mg, Norco 10/325 mg, Exalgo 12 mg, and Arthrotec 50 mg, with a reported pain level of 7/10 to 8/10 using the VAS. The treatment plan included consultation with neurosurgeon, medications, and followup in 4 weeks. The request for authorization dated 07/18/2014 was submitted with documentation. The rationale for the Skelaxin was that it provided relief for acute spasms and maintenance of activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg: 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 Metaxalone (Skelaxin Page(s): 61.

Decision rationale: The request for Skelaxin 800mg is not medically necessary. The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported. Skelaxin is reported to be a relatively non-sedating muscle relaxant. The exact mechanism of action is unknown, but the effect is presumed to be due to general depression of the central nervous system. The guidelines indicate muscle relaxants are a second line option for short-term treatment for acute lower back pain. It is recommended for less than 3 weeks. Per the clinical note provided, the injured worker had been taking the Skelaxin for greater than 3 weeks. The clinical notes indicate that on 01/14/2014, Skelaxin was prescribed and then again on 02/11/2014, Skelaxin was prescribed exceeding the recommendation for less than 3 weeks. The request did not indicate a frequency or duration. As such, the request is not medically necessary.