MAXIMUS Federal Services

Case Number:	CM14-0097290		
Date Assigned:	07/28/2014	Date of Injury:	06/13/2002
Decision Date:	10/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/25/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 54 year old female who was injured on June 13, 2002 due. The diagnoses listed as brachial neuritis or radiculitis not otherwise specified (723.4). The most recent progress note dated 5/27/14, reveals complaints of pain in the bilateral shoulders, bilateral elbows, and bilateral forearms. Pain is rated a 4 out of 10 on visual analog scale (VAS) score, last visit pain was rated a 5 out 10. Without pain medications pain score is a 10 out of 10 with pain medications patients pain score is 3 out of 10 (0 being no pain and 10 being the worst pain imaginable). Physical examination reveals the trigger point palpated were well delineated created a twitch response, and referred pain to nondermatomal pattern. The injured worker reports she is doing well on her current medical regimen. Prior treatment includes medications, trigger point injections medications, transcutaneous electrical nerve stimulation (TENS) unit. A clinical note dated 6/3/14 revealed no new symptoms of pain, she has reduced her Nucynta to 150 milligrams daily instead of twice daily. It was noted that the injured worker is using her treadmill more. A prior utilization review determination dated 6/12/14 resulted in denial of Metaxalone tablet 800 milligrams quantity ninety.

IMR ISSUES, DECISIONS AND RATIONALES

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

METAXALONE TAB 800MG #90: 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 Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants

Decision rationale: This is a 54 year old female who was injured on June 13, 2002. The claimant has complaints of neck and bilateral upper extremity pain. There is no objective documentation of muscle spasm. CAMTUS and ODG hold that muscle relaxants are indicated for the short term to relieve acute spasm and as such are not indicated for chronic long term use. The injured worker has been prescribed Skelexacin/Metaxalone as needed for episodic use but the number prescribed belies a chronic daily use. Therefore the request remains not medically necessary.