

Case Number:	CM14-0099474		
Date Assigned:	07/28/2014	Date of Injury:	11/14/2002
Decision Date:	09/26/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 39 year old male who had a work related injury on 11/14/02. Mechanism of injury was not provided. Most recent clinical documentation submitted for review was 06/10/14 the injured worker had bilateral leg pain, and back pain. Leg pain described as burning pain and numbness in bilateral feet. He trialed Gralise since the last appointment which he noticed a decrease in neuropathic pain symptoms in his legs with taking but due to abnormal work schedules having trouble eating full meal with it. He noticed when he only ate a snack the side effects, groggy, tired, slow and short term memory loss. He was unable to go to work on 05/26/14 due to increase in lumbar pain from current injury. Pain was constant rated 6/10. His interval pain over last week was 5/10. The injured worker related his pain relief with medication or treatment over last week was 60%. He had numbness and associated pins and needles sensation. He could walk 30 minutes before having to stop due to pain. The patient could sit for 30 minutes before having to stand due to pain. The patient could stand for 30 minutes before having to sit due to pain. CT scan without contrast of lumbar spine on 02/16/10 revealed fusion posteriorly from L5 through S1 with laminectomy and pedicle screws. Soft tissue there was saw noted soft tissue collection of left ventral lateral canal encircling the left nerve root sleeve by the radiologist report. He also had congenitally small canal with retrolisthesis at L1-2, L2-3, and L3-4 creating mild to moderate acquired central spinal and recess stenosis predominately at L3-4. X-rays on 03/29/11 revealed stable post-operative changes. MRI with contrast without contrast 01/12 posterior fusion hardware which appeared to be intact. Physical examination range of motion was full in flexion and associated with mild increase in lower extremities pain. Range of motion was 25 degrees in extension and associated with no increase in pain. Range of motion was 65 degrees in rotation associated with no increase in pain. Non-antalgic gait with ability for heel and toe raise. Tenderness to palpation left lumbar spine. Diagnoses post-laminectomy

syndrome of lumbar spine. Prior utilization review on 06/13/14 was non-certified. Current request was for Skelaxin 800mg #60.

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 ACOEM.

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

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.