

Case Number:	CM14-0108965		
Date Assigned:	08/01/2014	Date of Injury:	09/24/1992
Decision Date:	07/13/2015	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old male, who sustained an industrial injury on September 24, 1992. The injured worker was diagnosed as having cervical facet syndrome, degenerative discs and cervical and lumbar arthrodesis. Treatment to date has included surgery, injections, x-rays and medication. A progress note dated June 5, 2014 provides the injured worker complains of neck pain rated 7-8/10. The pain radiates to the shoulders with some numbness. Past cervical neurotomies were effective. He also has lumbar pain rated 4/10 and post-surgical knee pain. Physical exam notes memory deficit, cervical tenderness on palpation with painful range of motion (ROM). There is lumbar tenderness on palpation. The plan includes pain management, cervical neurotomy and oral and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg, #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use for this chronic injury of 1992. There is no report of functional improvement resulting from its previous treatment to support further use. The Skelaxin 800mg, #30 with 3 refills is not medically necessary and appropriate.