

Case Number:	CM14-0164212		
Date Assigned:	10/09/2014	Date of Injury:	04/27/2011
Decision Date:	09/15/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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: North Carolina

Certification(s)/Specialty: Family Practice

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 49 year old female, who sustained an industrial injury on April 27, 2011. The injured worker reported a sharp pain to the right elbow along with soreness and achiness from the right shoulder to the right arm secondary to repetitive jarring of the shoulder with her daily work activities. The injured worker was diagnosed as having right shoulder impingement syndrome with small complete tear of the rotator cuff, biceps tendinitis, and acromioclavicular arthritis per magnetic resonance imaging; right shoulder infraspinatus tendinopathy, tendinopathy of the subscapularis and longhead of the biceps tendon, moderate degenerative hypertrophy of the acromioclavicular joint per magnetic resonance imaging; status post right shoulder arthroscopy with subacromial decompression, debridement, and acromioclavicular joint with Mumford procedure; right lateral epicondylitis; status post right elbow release of the extensor muscle from the lateral epicondyle; status post right wrist carpal tunnel release; slight degree of the right median sensory neuropathy at or distal to the wrist line consistent with carpal tunnel syndrome per electromyogram with nerve conduction velocity; right thoracic outlet syndrome with hyper-abduction; and stress, anxiety, and panic attacks. Treatment and diagnostic studies to date has included acupuncture, use of an electric stimulator, and above noted procedures. In a progress note dated September 09, 2014 the treating physician reports complaints of constant pain to the right shoulder, right elbow, and right wrist. The injured worker also has complaints of numbness and tingling to the right elbow, right hand, and fingers. The treating physician also noted complaints of pain to the left shoulder, arm, and hand secondary to overcompensation. Examination reveals tenderness to the right shoulder, right elbow, carpometacarpal joint of the thumb, abductor pollicis longus, extensor carpi radialis

brevis, the right middle finger, and the ring finger. The examination also revealed a positive Hawkins test to the right shoulder, positive Tinel's test to the right wrist, positive Phalen's test to the right wrist, positive Finklestein's test to the right wrist, and decreased sensation to the right middle and ring fingers. The documentation provided did not indicate a current medication regimen for the injured worker or if the injured worker experienced any functional improvement with regards to a medication regimen. The treating physician requested Skelaxin 800mg with a quantity of 60, but the documentation provided did not indicate the specific reason for the requested medication.

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 Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.