

Case Number:	CM14-0194347		
Date Assigned:	12/02/2014	Date of Injury:	05/21/2009
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/20/2014

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 Occupational Medicine, and is licensed to practice in Arizona. 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 sustained a work related injury on May 21, 2009, slipping on a wet floor, injuring the back. An Orthopedic Spinal Surgery report dated July 24, 2014, noted the injured worker five years post anterior L5-S1 interbody fusion for painful pseudoarthritis. The Physician noted the injured worker's chronic pain syndrome under good control with condition unchanged over the past few years. The Primary Treating Physician's report dated October 24, 2014, noted the injured worker with lower back, gluteal, left flank, right flank, legs, and thigh pain, radiating to the back, bilateral ankles, calves, feet, and thighs. The injured worker's symptoms were noted to be relieved by lying down, massage, pain medications, physical therapy, stretching, and rest. Using the numeric pain intensity scale of zero to ten, the injured worker reported pain without medications at a ten, and with medications a seven. The Physician noted the work status as permanent and stationary, with the diagnoses of chronic lumbar failed back surgery syndrome, chronic depression, chronic lumbar spondylosis without myelopathy, chronic pain syndrome, low back pain, chronic muscle spasms, chronic facet arthropathy, chronic radiculopathy thoracic or lumbosacral, and fitting and adjustment of a neuropacemaker. The Physician requested authorization for Skelaxin 800mg #60, Norco 10/325mg #150, Fentanyl patch 50mcg/hour #15, Doc-Q-Lace 100mg #60, Cymbalta 30,g #90, and Amitiza 24mcg #60. On November 7, 2014, Utilization Review evaluated the requests for Skelaxin 800mg #60, Norco 10/325mg #150, Fentanyl patch 50mcg/hour #15, Doc-Q-Lace 100mg #60, Cymbalta 30,g #90, and Amitiza 24mcg #60, citing MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted the Amitiza was denied by the carrier, and that the Norco, Fentanyl Patch, Doc-Q-Lace, and Cymbalta were all approved. The UR Physician noted the injured worker had chronic pain with no evidence of flare ups or documentation of functional improvement with chronic use, and that based on the current available information, the medical necessity of the Skelaxin 800mg #60 had

not been established and was denied. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61 and 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 and 64.

Decision rationale: MTUS Guidelines are very specific that most muscle relaxants (including Skelaxin) are not recommended for long-term use. Episodic short term for distinct flare-ups is supported, but that is not the intended use for the Skelaxin. There are no unusual circumstances to justify an exception to Guidelines. Under these circumstances the Skelaxin 800mg. #60 is not Guideline recommended and is not medically necessary.