

Case Number:	CM14-0194576		
Date Assigned:	12/02/2014	Date of Injury:	05/09/2006
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 62 year old male with an injury date of 05/09/06. Based on the 10/14/14 progress report provided by treating physician, the patient complains of low back and neck back pain rated 5/10 with and 9/10 without medications. Physical examination of the lumbar spine revealed spasm and tenderness to palpation to the paravertebral muscles. Range of motion was decreased, especially on extension 15 degrees. Examination of the cervical spine revealed restricted range of motion, with flexion limited to 40 degrees and extension 10 degrees. Patient's medications include Neurontin, Skelaxin, Zoloft, and Fentanyl patch, Nucynta, Colace, Diovan and Lipitor. Patient has been prescribed Skelaxin in progress reports dated 05/13/14 and 10/14/14. Diagnosis on 05/13/14 and 09/16/14 include low back pain and spasm of muscle. Diagnosis as of 10/14/14 is low back pain. The utilization review determination being challenged is dated 10/28/14. Treatment reports were provided from 05/13/14 - 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg tablet, take 1 3 times a day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with low back and neck back pain rated 5/10 with and 9/10 without medications. Patient's diagnosis on 05/13/14 and 09/16/14 included low back pain and spasm of muscle. Patient's medications include Neurontin, Skelaxin, Zoloft, and Fentanyl patch, Nucynta, Colace, Diovan and Lipitor. MTUS pages 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." For Skelaxin, MTUS page 61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." The physician does not discuss this medication, whether it's prescribed for short-term or not, and with what efficacy. Skelaxin is recommended for short-term relief in patients with chronic LBP, and the physician does not document whether or not short-term pain relief is being achieved. Patient has been prescribed Skelaxin in the physician's reports dated 05/13/14 and 10/14/14, which is 5 months based on report dates. Furthermore, the request for quantity 90 does not indicate intended short-term use. The request is not medically necessary.