

Case Number:	CM14-0198389		
Date Assigned:	12/08/2014	Date of Injury:	06/15/1999
Decision Date:	01/29/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55-year-old woman who sustained a work-related injury on June 15, 1999. Subsequently, the patient developed a chronic low back pain. According to a progress report dated on May 22nd 2014, the patient was complaining of low back pain radiating to left lower extremity with a severity rated the 5-7/10. The pain was associated with stiffness of the lower back. The patient physical examination demonstrated normal neurological examination and normal muscular physical examination . The patient was diagnosed with post laminectomy syndrome, opioid dependence and chronic pain syndrome. The provider requested authorization for Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, Skelaxin a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations

in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case, there is no documentation of acute muscle spasm or acute exacerbation of the low back pain. There is no clear justification for prolonged use of Skelaxin. The request of Skelaxin 800mg, #30 is not medically necessary.