

Case Number:	CM14-0202343		
Date Assigned:	12/12/2014	Date of Injury:	07/08/2011
Decision Date:	02/05/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, 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 50 year old male with an injury date of 07/08/11. Based on the 07/08/14 progress report provided by treating physician, the patient complains of neck pain rated 7/10 that radiates to the right shoulder. Physical examination to the cervical spine revealed no tenderness to palpation and decreased range of motion, especially on flexion 30 degrees. Spurlings positive on the right. Sensation decreased at right C6 and C7 dermatomes. Examination to the right shoulder revealed pain at the acromioclavicular joint, and slightly decreased range of motion. Positive Impingement sign. Patient had C5-C6 and C6-C7 transfacet epidural steroid injection on 06/23/14, and reports the procedure helped 30%. Per progress report dated 10/09/14, medications included Celebrex, Prilosec and Skelaxin. Patient has been prescribed Skelaxin in progress reports dated 07/08/14, 08/21/14 and 10/09/14. Per progress report dated 10/09/14, patient is temporarily totally disabled. Diagnosis 07/08/14- cervical disc disease- cervical radiculopathy- right shoulder impingement syndrome The utilization review determination being challenged is dated 11/25/14. Treatment reports were provided from 06/10/14 - 10/28/14.

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: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) skelaxin. Page(s): 63-66 , 61.

Decision rationale: The patient presents with neck pain rated 7/10 that radiates to the right shoulder. The request is for Skelaxin 800MG #30. Patient's diagnosis on 07/08/14 included cervical disc disease, cervical radiculopathy, and right shoulder impingement syndrome. Patient had C5-C6 and C6-C7 Transfacet epidural steroid injection on 06/23/14, and reports the procedure helped 30%. Per progress report dated 10/09/14, medications included Celebrex, Prilosec and Skelaxin. Per progress report dated 10/09/14, patient is temporarily totally disabled. MTUS pg. 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 p61 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." Treater 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 treater does not document whether or not short-term pain relief is being achieved. Patient has been prescribed Skelaxin in progress reports dated 08/21/14 and 10/09/14. Furthermore, the request for quantity 30 does not indicate intended short-term use. The request is not medically necessary.