

Case Number:	CM14-0205696		
Date Assigned:	12/17/2014	Date of Injury:	09/15/2009
Decision Date:	02/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/09/2014

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 Pain Medicine 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 injured worker is a 44-year-old female with an original date of injury of September 15, 2009. The mechanism of injury was due to repetitive stress. The industrial diagnoses include chronic right shoulder pain, chronic neck pain, cervical facet syndrome, cervical strain, sacroiliac pain, and lumbar facet syndrome. Conservative management has included PT and medications such as gabapentin, Lyrica, Skelaxin, and Celebrex. The patient has had multiple physical therapy sessions from 2009 to 2010. Diagnostic workup has consisted of electrodiagnostic studies performed on July 12, 2012 which revealed no cervical radiculopathy. The disputed request is for Skelaxin. A utilization review determination had denied this request because relaxing is "only to be used short-term" as a second line option in acute exacerbations of chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin Tablets 800mg Qty 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 63-66.

Decision rationale: Regarding the request for Metaxalone (Skelaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Metaxalone specifically is thought to work by general depression of the central nervous system. Within the documentation available for review, there is documentation that this is an initial trial of Skelaxin. The progress note associated with this request is dated 10/21/2014. The patient is documented as not taking any pain medications at that time. The exam from this date noted tenderness in the paravertebral lumbar musculature, an indication of possible muscular pain and spasm. The patient is documented as wanting to avoid opioid pain medicines. Therefore, it is reasonable to trial Skelaxin since other first line agents (such as NSAIDs) are being utilized. Note that guidelines recommend these types of medications only for the short term. The requested Metaxalone (Skelaxin) is medically necessary.