

Case Number:	CM14-0209977		
Date Assigned:	12/23/2014	Date of Injury:	07/20/2007
Decision Date:	02/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year old female with a work injury dated 7/20/07. The injury occurred when the associate was emptying wood flooring into the trash compactor in the receiving, when she strained her lower back. The diagnoses include chronic low back pain; lumbar facet joint pain; lumbar facet joint arthropathy; lumbar disc protrusion; lumbar stenosis. Under consideration is a request for Skelaxin 800mg three times a day as needed, #90. Per documentation the patient has had a flare up of low back pain in August of 2014. Utilization review dated 10/23/14 certified Skelaxin 800mg three times a day as needed #90. The patient was noted in September of 2014 at an office visit to have a pain score of 8/10. She was on Percocet and Motrin. She has previously tried Meloxicam and Tramadol and physical therapy which have not helped her. On examination, she had tenderness of the lumbar paraspinal muscles and she had decreased lumbar range of motion. Her sacroiliac provocative maneuvers and pressure at the sacral sulcus was positive bilaterally. Her sensation was intact. Norco and Skelaxin were prescribed but at each visit but never listed as medications takes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg three times a day as needed, #90: 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), Metaxalone (Skelaxin) Page(s): 63-65 and 61.

Decision rationale: Skelaxin 800mg three times a day as needed, #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that muscle relaxants such as Skelaxin are recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. The documentation does not indicate that the patient has spasms and Skelaxin is only meant for short term use. The request for Skelaxin 800mg three times a day as needed, #90 is not medically necessary.