

Case Number:	CM15-0109827		
Date Assigned:	06/16/2015	Date of Injury:	12/03/2010
Decision Date:	07/16/2015	UR Denial Date:	05/24/2015
Priority:	Standard	Application Received:	06/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old female who sustained an industrial injury on 12/03/10. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies are not addressed. Current complaints include lower back pain that radiates to the bilateral legs, and constant ringing in both ears. Current diagnoses include headaches and a herniated disc at L5-S1 with radiculopathy. In a progress note dated 05/18/15, the treating provider reports the plan of care as medication including Skelaxin and Voltaren, as well as a consultation with an ear specialist. The requested treatments include Skelaxin. The injured worker has been on Skelaxin since at least 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Skelaxin 800mg with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: MTUS Guidelines are not supportive of the long-term chronic use of muscle relaxants. Short-term use during distinct flare-ups is supported by Guidelines and this is how it is being utilized with benefit. Intermittent use is documented with the prescription amounts much less than full dose usage. Under these circumstances, the 30 Skelaxin 800mg with 1 refill is supported by Guidelines and is medically necessary.