

Case Number:	CM15-0139982		
Date Assigned:	07/29/2015	Date of Injury:	12/31/1993
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old male with a December 31, 1993 date of injury. A progress note dated June 10, 2015 documents subjective complaints (back pain rated at a level of 9 out of 10), objective findings (moderate tenderness to palpation at the L3, L4, and L5 spinous processes on the right; range of motion of the lumbar spine limited due to pain), and current diagnoses (spinal stenosis without neurogenic claudication; back pain; sciatica; lumbar radiculopathy). Treatments to date have included lumbar epidural steroid injection without significant improvement in pain, back bracing, and medications. The medical record indicates that the injured worker received good relief from lumbar epidural steroid injections in the past. The treating physician documented a plan of care that included Metaxalone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metaxalone 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin); Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Skelaxin/Metaxalone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone Page(s): 61.

Decision rationale: The patient presents with current diagnoses that include spinal stenosis without neurogenic claudication, back pain and sciatica lumbar radiculopathy. The patient currently complains of back pain. The current request is for Metaxalone 800mg #90. Metaxalone (Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. The treating physician states in the 6/10/15 (12B) treating report, "Skelaxin 800 mg tablet, 1 tablet, PO, TID, for a total of 90 and start on June 10, 2015". We will DC his Baclofen and start him on Skelaxin, as well as a trial of Tramadol, as he is in significant pain, currently". MTUS Guidelines support Metaxalone (Skelaxin) as a non-sedating muscle relaxant. MTUS states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP". In this case, the clinical history documents a new prescription for Metaxalone (Skelaxin) as a second-line option for short-term pain relief for a patient with chronic LBP. The current request is medically necessary.