

Case Number:	CM15-0142703		
Date Assigned:	08/03/2015	Date of Injury:	08/24/1998
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/22/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59 year old male who sustained a work related injury August 24, 1998. According to a physician's progress report, dated June 2, 2015, the injured worker presented with pain and stiffness in the lower back but continues to work. Objective findings included a negative straight leg raise. A notation is present, regarding an MRI scan (June 3, 2008) revealed lumbar spinal stenosis. Diagnoses are chronic lumbosacral strain, sprain; lumbar disc disease; lumbosacral arthritis. Treatment plan included daily stretching exercises and ibuprofen and Skelaxin. According to primary physician's notes, dated June 15, 2015, the injured worker is taking ibuprofen and Skelaxin in order to remain at work full time, as well as perform activities of daily living. At issue, is the request for authorization for Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

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

Decision rationale: Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic Low Back pain. In this case, there is no indication of failure of 1st line options. In addition, Skelaxin was used for several months and long-term use is not indicated. Continued use of Skelaxin is not medically necessary.