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| Case Number: | CM15-0145355 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 01/03/2000 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 07/17/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 68 year old female, who sustained an industrial injury on January 3, 2000. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical radicular pain post lami-syndrome, lumbar radicular pain, right shoulder pain status post right shoulder arthroscopy, myofascial syndrome and left carpal tunnel syndrome. Treatment to date has included diagnostic studies, surgery and medications. On June 26, 2015, the injured worker stated that she has done well with her carpal tunnel surgery. Her pain level was noted to have remained about the same. The area of pain was not indicated. She stated that she would like to continue her Norco and Skelaxin medications. The treatment plan included medications, consideration of a trial of spinal rehabilitation, future repeat lumbar epidural steroid injections and additional follow-up visits. On July 17, 2015, Utilization Review non-certified the request for Skelaxin 800mg #30, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: Skelaxin 800mg quantity 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation does not indicate that the patient is having an acute exacerbation of pain. The patient has chronic pain. There are no extenuating circumstances documented that would necessitate continuing this medication long term. The request for 1 prescription of Skelaxin 80mg #30 is not medically necessary.