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| Case Number: | CM15-0166996 | | |
| Date Assigned: | 09/04/2015 | Date of Injury: | 06/01/2012 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 08/04/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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: New Jersey

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:

This is a 37-year-old male with a June 1, 2012 date of injury. A progress note dated July 23, 2015 documents subjective complaints (pain in the right and left wrists, elbows, shoulders, and sides of neck; pain worse with gripping, bending elbows, or raising arm to shoulder level; tingling into fingers; interferes with sleep), objective findings (tenderness over brachial plexus right greater than left; tender spasms over biceps and dorsal and volar forearm muscles; positive Tinel's over the median-ulnar nerves of the right wrist and elbow), and current diagnoses (residuals after carpal and cubital tunnel releases with muscle spasms; brachial plexus neuritis). Treatments to date have included medications, surgery, and imaging studies. The treating physician documented a plan of care that included Skelaxin 800mg #100 with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg 1 by mouth three times daily #100 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was a request for many months' worth of Skelaxin use (chronic use) which is not recommended for this type of medication for the diagnoses listed in the notes provided for review. Therefore, the request for Skelaxin will be considered medically unnecessary.