

Case Number:	CM15-0168175		
Date Assigned:	09/08/2015	Date of Injury:	06/24/1997
Decision Date:	10/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 39 year old female who sustained an industrial injury on 6-24-97. Diagnoses include right cervical facet joint pain at C2-3, C5-6, and C6-7; cervical facet joint arthropathy; cervical disc protrusion; cervical stenosis; cervical degenerative disc disease; cervical sprain, strain; diabetes. She currently complains of neck pain with right worse than left and lower worse than upper with radiation to the right arm, lateral right forearm and right hand with associated numbness and paresthesias; cervicogenic headaches. On physical exam of the cervical spine there were spasms, restricted range of motion due to pain, tenderness on palpation of cervical paraspinal muscles, positive cervical facet joint provocative maneuvers and nerve root tension signs on the right. Treatments to date include the current industrial medications Robaxin for muscle spasms and per 8-4-15 note it is not working as well (per the 1-8-15 note the injured worker was prescribed Robaxin) Neurontin, Relafen, Zolof, omeprazole, Ativan, Norco; fluoroscopically guided right C2-3, right C5-6 and right C6-7 facet joint radiofrequency nerve ablation; right C2-3, C5-6, C6-7 facet joint medial branch block. In the progress note dated 8-4-15 the treating provider's plan of care included to stop Robaxin and prescribe Skelaxin 800mg as needed for spasms #90 with no refills as a trial so efficacy can be assessed. On 8-21-15 a request for authorization was submitted for Skelaxin 800mg #90 with no refills. On 8-26-15, utilization review non-certified the request for Skelaxin 800mg #90 with no refills.

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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Skelaxin 800mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are radiofrequency ablation C-2 - C3, C-5 - C6 and C6 - C7; right cervical facet joint pain at C2 - C3; right cervical facet joint pain at C5 - C6 and C6 - C7; cervical facet joint arthropathy; cervical disc protrusion; cervical stenosis; cervical degenerative disc disease; cervical sprain strain. Date of injury is June 24, 1997. Request for authorization is June 21, 2015. According to a progress note dated January 8, 2015, the injured worker was prescribed Robaxin for muscle relaxant. Robaxin was continued through August 4, 2015. In the August 4, 2015 progress note, the injured worker states the Robaxin was not working. The treating provider prescribed Skelaxin. The treating provider prescribed #90's collection 800 mg tablets as a trial. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The treating provider continued Robaxin in excess of eight months. The guidelines recommend short-term muscle relaxing treatment (less than two weeks). The treating provider changed the muscle relaxant Robaxin to Skelaxin. There are no compelling clinical facts in the medical record to support the continued use of muscle relaxants (presently a Skelaxin trial with a one-month supply). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, muscle relaxing treatment continued in excess of the recommended guidelines for short-term use (greater than eight months) and no compelling clinical documentation to support Skelaxin, Skelaxin 800mg #90 is not medically necessary.