

Case Number:	CM15-0180506		
Date Assigned:	09/22/2015	Date of Injury:	08/01/2014
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/14/2015

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

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:

The injured worker is a 50 year old male who sustained an industrial injury on 8-1-2014. A review of medical records indicates the injured worker is being treated for sprain strain lumbar region and acquired spondylolisthesis. Medical records dated 8-24-2015 noted back pain a 1-3 out of 10. There was intermittent posterior left leg pain, which increases his pain to a 4-5 out of 10. Pain was made worse with repetitive bending, twisting, lifting, and squatting. Pain was reported as unchanged since the last visit. Physical examination noted lumbar flexion was 60-70 degrees and limited by pain and stiffness. Lumbar extension was 20 degrees. There was tenderness to the lumbosacral paraspinals. Treatment has included Tens unit, heat, activity modification, and medications including Nabumetone which provided analgesia, maintenance of functional status and activities of daily living, increased tolerance aggravating activities and positions, and improved comfort and quality of life. It is noted in the treatment plan that a trial for Skelaxin 800 mg for spasm was requested. MRI of the lumbar spine dated 2-21-2015 revealed degenerative spondylotic changes in the lumbar spine. Utilization review form dated 8-31-2015 noncertified Skelaxin 800 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg Qty 30 with 1 refill, 1 tab by mouth every night as needed: 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 patient presents with low back pain with intermittent posterior left leg pain. The request is for Skelaxin 800 mg Qty 30 with 1 refill, 1 tab by mouth every night as needed. The request for authorization is not provided. MRI of the lumbar spine, 02/21/15, shows degenerative spondylosis changes lumbar spine with chronic bilateral L5 pars interarticularis defects with grade 1 (approximately 7 mm) anterolisthesis of L5 over S1 vertebra; moderate bilateral facet joint arthrosis at L4-L5 and L5-S1 levels. Physical examination of the lumbar spine reveals range of motion limited by pain and stiffness. Tenderness to palpation lumbar spine paraspinals. He has tried massage therapy, which appeared to help in reducing his axial symptoms. Current treatment regimen includes home stretching and exercise program, permanent TENS unit, modification and medications. Per progress report dated 08/24/15, the patient is full duty. MTUS Chronic Pain Guidelines for Muscle relaxants section, pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." For Skelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by [REDACTED] under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Per progress report dated 08/24/15, treater's reason for the request is "spasm." This is the initial trial prescription for Skelaxin. MTUS recommends Skelaxin for short-term relief in patients with chronic LBP. However, treater does not discuss or document the use of Skelaxin will be for short-term use not to exceed 2 to 3 weeks. Furthermore, the request for Skelaxin Qty 30 with 1 Refill would exceed MTUS guidelines recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.