

Case Number:	CM15-0180627		
Date Assigned:	09/22/2015	Date of Injury:	02/09/2013
Decision Date:	10/28/2015	UR Denial Date:	08/26/2015
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 31-year-old male, with a reported date of injury of 02-09-2013. The diagnoses include chronic low back pain, L5-S1 annular tear, right lower extremity neuralgia, rule out sciatica, gait derangement, cervical dystonia, and multi-level cervical and lumbar radiculopathy. Treatments and evaluation to date have included Norco, Celebrex, Cymbalta, Butrans, Gabapentin, Nortriptyline, hydrocodone, Elavil, Skelaxin (since at least 04-2015), Flurbiprofen, Lidocaine, Cyclobenzaprine, and a lumbar support brace. The diagnostic studies to date have included a urine drug screen on 03-30-2015 with consistent findings. The progress report dated 08-19-2015 indicates that the injured worker had neck spasm, associated with tingling and numbness in the right upper extremity. The injured worker also had low back pain, associated with pain in the right iliac crest, hip, and leg. He had a burning sensation in the bilateral thighs, right greater than left. The objective findings include an antalgic gait; use of a cane; diminished stance phase in the right; pain in the low back and hamstrings with the Gaenslen's maneuver; low back and right leg pain with straight leg raise test at 40 degrees; no swelling; and tenderness to palpation of the right posterior superior iliac spine (PSIS), piriformis, iliac crest, and greater trochanter area. The electrodiagnostic studies on 08-07-2014 showed left fibular motor nerve prolonged distal latency, left tibial motor nerve prolonged distal latency, and axonal loss and demyelination proximal and distal; and an MRI of the lumbar spine on 02-23-2013 showed subtle annular tear at L5-S1. The injured worker rated his pain (07-22-2015 to 08-19-2015) 9 out of 10; and indicated that the pain fluctuated between a rating of 8-10 out of 10. The treatment plan included Skelaxin, one by mouth daily as needed. The injured worker's work status was not indicated. The treating physician requested Skelaxin 800mg #30. On 08-26-2015, Utilization Review (UR) non-certified the request for Skelaxin 800mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective skelaxin 800 mg, thirty count (DOS- 8/19/2015): 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 current request is for Retrospective skelaxin 800 mg, thirty count (DOS- 8/19/2015). Treatment history include medications, TENS, physical therapy, HEP, and lumbar support brace. The patient is temporarily totally disabled. MTUS, Soma, Muscle relaxants (for pain) section, pages 63-66 states "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. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy...Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects." Per report 08/19/15, the patient presents with chronic neck and low back pain with associated spasms in the neck. Examination revealed positive sacroiliac tension test, and tenderness to palpation in the neck and lower back. The request is for refill of medications. The patient has been prescribed Skelaxin since at least 03/30/15. MTUS recommends antispasmodic agents such as Skelaxin, only for a short period (no more than 2-3 weeks). In this case, the request for Skelaxin quantity 30, in addition to prior use, would exceed guideline recommendation. Therefore, the request is not medically necessary.