

Case Number:	CM15-0187347		
Date Assigned:	09/29/2015	Date of Injury:	04/30/2007
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/23/2015

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 67 year old male who sustained an industrial injury on 4-30-07. The injured worker reported pain in the bilateral knees, low back and left elbow. A review of the medical records indicates that the injured worker is undergoing treatments for chronic pain syndrome, chondromalacia of patella, osteoarthritis and degeneration of lumbar or lumbosacral intervertebral disc. Medical records dated 8-20-15 indicate pain rated at 4 to 9 out of 10. Provider documentation dated 8-20-15 noted the work status as permanent and stationary. Treatment has included right knee magnetic resonance imaging (5-21-07), lumbar spine magnetic resonance imaging (6-6-07), physical therapy, injection therapy, Skelaxin since at least May of 2015, Norco since at least May of 2015, Celebrex since at least May of 2015, cognitive behavioral therapy, and home exercise program. Objective findings dated 8-20-15 were notable for right knee with crepitus, painful and decreased range of motion. The treating physician indicates that the urine drug testing result (6-19-15) showed no aberration. The original utilization review (8-31-15) denied a request for Skelaxin 800 milligrams quantity of 10 plus 1 refill (08-24-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #10 plus 1 refill (08/24/15): 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 was injured on 04/30/07 and presents with pain in the bilateral knees, low back, and left elbow. The request is for SKELAXIN 800 MG #10 PLUS 1 REFILL (08/24/15). The RFA is dated 08/24/15 and the patient is permanent and stationary. The patient has been taking this medication as early as 03/04/15. 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." The patient has numbness, lightheadedness, joint pain, stiffness, depression, anxiety, and stress. He is diagnosed with chondromalacia patella, DJD knee, degenerative lumbar disc disease, and chronic pain syndrome. MTUS recommends Skelaxin for short-term relief in patients with chronic LBP. However, the patient has been taking this medication as early as 03/04/15 which does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.