

Case Number:	CM15-0190319		
Date Assigned:	10/02/2015	Date of Injury:	04/23/2010
Decision Date:	11/10/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, California
 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:

The injured worker is a 54 year old male with a date of injury on 04-23-2010. The injured worker is undergoing treatment for shoulder pain, adhesive capsulitis of the shoulder, post-traumatic stress disorder, depressive syndrome, Insomnia, osteoarthritis of the shoulder, rotator cuff injury, and rotator cuff syndrome of the left shoulder. A physician progress note dated 08-24-2015 documents the injured worker complains of pain in his left shoulder and neck and into both shoulders and tightness in the upper back. He has completed a FCE and may go back to work. He has bilateral cervical tenderness and pain. There is mild tenderness to palpation at the left supraspinatus, splenius capitus, and cervical paraspinal on the left. He has left shoulder pain that he rates as 5 out of 10 with limited range of motion. He has radiation of pain to his neck. Associated symptoms consist of joint stiffness and loss of function. Symptoms are relieved by medication, physical therapy and rest. He is tolerating his medications and they help about 60% but sleep is an increasing problem. He also has pain in his knee. There is documentation the injured worker has stopped Norco and Nortriptyline and Naproxen. He now is using Voltaren gel and Skelaxin. In a physician progress note dated 05-21-2015 there is documentation the injured worker is taking Naproxen and Voltaren gel. He has stopped Norco and Nortriptyline. Skelaxin is restarted. Treatment to date has included diagnostic studies, medications, physical therapy, use of a Transcutaneous Electrical Nerve Stimulation unit, past left shoulder surgery and trigger point injections. Medications include Voltaren topical gel, Skelaxin, Fluoxetine, Oxcarbazepine, Prilosec, Atorvastatin, Lisinopril, Metformin, Prazosin, Terbinafine, and Topiramate. On 09-05-

2015 Utilization Review modified the request for Skelaxin 800mg 1 tab by mouth every 8 hours for 30 days #90 1 refill to Skelaxin 800mg 1tab by mouth every 8 hours for 30 days #60 with 0 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg 1tab by mouth every 8 hours for 30 days #90 1 refill: 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): Metaxalone (Skelaxin).

Decision rationale: According to the guidelines, Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. In this case, the claimant had been on Skelaxin intermittently for several months. There was no mention of failure of other relaxants. The medication was not used for low back pain. The continued use of Skelaxin is not medically necessary.