

Case Number:	CM15-0199316		
Date Assigned:	10/14/2015	Date of Injury:	05/09/2007
Decision Date:	11/24/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/09/2015

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 56 year old female injured worker suffered an industrial injury on 5-9-2007. The diagnoses included post-laminectomy syndrome and lumbosacral radiculopathy. On 9-30-2015 the treating provider reported foot, low back pain, and buttock pain. She reported he had not had any medication since last visit due to denial. She reported she was unable to exercise and had been more depressed due to pain level. She reported increasing left hip pain that radiated down the lateral leg and later calf as well as plantar aspect of the foot. She stated the foot felt broken at times. She had used Lyrica up until her last visit which worker well but still had breakthrough pain. She was unable to take oral NSAID due to gastric bypass. The pain in the low back and left lower extremity was 8 to 9 out of 10. The last visit the pain was 7 to 8 out of 10. On exam there was tenderness of the left gluteal muscles. With the medication she was able to exercise, jog daily, able to shop, do activities of daily living and able to walk 6 miles. The Skelaxin had been in use for at least since 4-2015. Prior treatment included 4-9-2015 left sacroiliac joint injection with 50% relief lasting 2 months and medication Request for Authorization date was 9-30-2015. The Utilization Review on 10-6-2015 determined non-certification for Skelaxin 800mg, #90.

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 Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Metaxalone (Skelaxin). 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 800 mg #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 workers working diagnoses are radiculopathy lumbosacral region; and post laminectomy syndrome NEC. Date of injury is May 9, 2007. Request for authorization is September 30, 2015. According to an April 23, 2015 progress note, the treating provider prescribed Skelaxin at that time. According to a September 30, 2015 progress note, subjective complaints include low back pain with radiation to the left lower extremity 9/10. The injured worker had multiple low back surgeries and is diagnosed with post laminectomy back pain syndrome. Current medications include Skelaxin, Lyrica and Flector patch. Objectively, there is tenderness to palpation over the left gluteal muscles. The treating provider prescribed Skelaxin as far back as April 2015 through the present in excess of the recommended guidelines for short-term (less than two weeks). There are no compelling clinical facts to support its ongoing use. There is no documentation demonstrating objective functional improvement. Additionally, there is no subjective improvement with the pain score of 9/10. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment continued well in excess of the recommended guidelines for short-term use and no documentation demonstrating objective functional improvement, Skelaxin 800 mg #90 is not medically necessary.