

Case Number:	CM15-0202195		
Date Assigned:	10/19/2015	Date of Injury:	05/28/2013
Decision Date:	12/03/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/14/2015

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: Emergency 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 injured worker is a 41 year old male who sustained an industrial injury on 05-28-2013. Medical records indicated the worker was treated for a lower backache. In the provider notes of 09-30-2015, the worker presented with low back pain. Current medications include Colace, Norco, Skelaxin, and Norvasc. He rates his pain with medications as a 6 on a scale of 1-10 with medications and a 9 on a scale of 1-10 without medications. He has no new problems or side effects. His quality of sleep is poor. The worker had a death in the family and drank ETOH over the weekend. On exam, he appears to be in mild pain. He has a slowed stooped gait but uses no assistive devices. Inspection of the lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted due to pain. On palpation, the paravertebral muscles have hypertonicity, and spasm and tenderness is noted bilaterally. Lumbar facet loading is positive bilaterally. Straight leg raising test is negative. Pelvic compression test is negative. Motor strength of the lower extremities is 5 out of five bilaterally on all groups. On sensory exam, light touch sensation is decreased over medial foot on the left side. There is no lymphedema noted in lower and upper extremity. The treatment plan is for medication refills and an orthopedic surgical consult. Norco is slightly increased to prevent the worker from going to the ED due to increased pain. Norco is reported to provide 30-40 % improvement in pain relief. He states he can sit for 30-40 minutes with the Norco compared to five minutes without it. He can walk for 1 block with the medication compared to not being able to walk without it. Function and activities of daily living improved optimally with current doses of medication. Pain agreement briefly reviewed with the worker. A request for authorization was submitted for Norco 10/325mg #90, Colace 100mg #60, and Skelaxin 800mg #60. A utilization review decision 10-13-2015 approved the Norco and the Colace, and non-approved the Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The requested Skelaxin 800mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has paravertebral muscles with hypertonicity, and spasm and tenderness is noted bilaterally. Lumbar facet loading is positive bilaterally. Straight leg raising test is negative. Pelvic compression test is negative. Motor strength of the lower extremities is 5 out of 5 bilaterally on all groups. On sensory exam, light touch sensation is decreased over medial foot on the left side. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Skelaxin 800mg #60 is not medically necessary.