MAXIMUS Federal Services

Case Number:	CM15-0207909		
Date Assigned:	10/26/2015	Date of Injury:	03/13/2008
Decision Date:	12/08/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male who sustained an industrial injury on 03-13-2008. According to the most recent progress report submitted for review and dated 09-01-2015, the injured worker was seen for bilateral lower neck pain and bilateral shoulder pain. He had experienced a "change in condition" with decreased cervical range of motion, increased pain, decreased sleep and was unable to work or complete activities of daily living such as walking, standing and sitting for more than one hour due to pain. Current medications included Skelaxin, Nexium, Lovastatin, Celebrex, Percocet, Lorazepam and Metoprolol. Allergies included Ambien. Social history was noted as full-time work full-duty as a truck driver. Physical examination demonstrated spasm to the cervical spine. There was tenderness upon palpation of the cervical paraspinal muscles over the bilateral C6-C7, C7-T1 facet joints. Cervical ranges of motion were restricted by pain in all directions. Cervical range of motion was decreased by 50%. Cervical extension was worse than cervical flexion. Cervical discogenic provocative maneuvers were negative. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were 1 and symmetric bilaterally in the upper extremities. Clonus, Babinski's and Hoffman's signs were absent bilaterally. Muscle strength was 5 out of 5 in the bilateral upper extremities. Impression differential diagnoses included bilateral cervical facet joint pain C6-C7, C7-T1, bilateral carpal tunnel syndrome, status post bilateral C6-C7 and C7-T1 rhizotomy on 06-06-2013, bilateral cervical facet joint pain at C6-C7 and C7-T1 as diagnosed and confirmed by positive diagnostic fluoroscopically guided bilateral C6-C7 and bilateral C7-T1 facet joint medial branch block, cervical facet joint arthropathy, cervical post laminectomy syndrome, status post cervical foraminotomies, central disc protrusion at C4-C5 and C5-C6 each measuring

2 mm, central disc protrusion at C3-C4, C6-C7 and T1-T2, right lateral disc protrusion at C7-T1 with severe right C8 neural foraminal stenosis, moderate to severe right C4-C5 and right C3-C4 neural foraminal stenosis, moderate right C5 neural foraminal stenosis, cervical sprain strain, status post left shoulder surgery, left shoulder internal derangement and gastroesophageal reflux disease. The treatment plan included a fluoroscopically guided bilateral C6-C7 and C7-T1 facet joint radiofrequency nerve ablation. A prescription was provided for Hydrocodone. Work status was noted as temporarily totally disabled. Follow up was indicated in 4 weeks. On 10-10-2015, Utilization Review non-certified the request for Skelaxin 800 mg. Documentation showed use of Skelaxin dating back to 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg: 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): Metaxalone (Skelaxin), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in March 2008 when, while working as a truck driver, he twisted his neck and left shoulder while connecting one truck to another. He underwent a left subacromial decompression in July 2008 and a cervical decompression February 2010. In October 2014 he was having increased neck pain with stiffness and spasms causing daily headaches. The claimant had never been prescribed a muscle relaxer. Skelaxin was prescribed with the assessment referencing short term treatment of acute spasms. In September 2015 Skelaxin was continuing to be prescribed. The claimant reported decreasing cervical spine range of motion, increased pain, and decreased sleep. Physical examination findings included cervical spine spasms with paraspinal muscle tenderness overlying the lower cervical facet joints. There was decreased and painful cervical spine range of motion, worse with extension. Medications were continued including Skelaxin. Skelaxin (metaxalone) is recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. In this case, despite reference to short term treatment it has been prescribed for nearly one year and it appears ineffective in terms of relieving muscle spasms. Continued prescribing is not medically necessary.