

Case Number:	CM15-0208718		
Date Assigned:	10/27/2015	Date of Injury:	12/31/2008
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/23/2015

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: 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 51 year old female with an industrial injury date of 12-05-2008. Medical record review indicates she is being treated for shoulder strain, hand numbness and cervical thoracic impingement syndrome. Subjective complaints (09-16-2015) included itching of left arm, with dull constant left shoulder pain rated as 4 out of 10 and worse with using her left arm. She also noted sharp left arm pain rated as 3-4 out of 10. Pain rating does not indicate if the rating is with or without medications. Specific activities of daily living are not indicated. Work status was "return to modified work on 09-16-2015." Current (09-16-2015) medications included Prilosec, Topamax, Celebrex, Thermacare patches and Skelaxin (at least since 05-13-2015.) Prior treatments included medications as listed above. Other prior medications are not indicated. Objective findings (09-16-2015) revealed positive Phalen's on left, positive Allen's test and pain over the left pectoral muscle and left costosternal junction. On 09-23-2015 the request for Skelaxin 800 mg # 90 was non-certified by utilization review.

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).

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 it was used for several months for neck pain. There was no mention of failure of other options. Long-term use is not recommended. Continued use is not medically necessary.