

Case Number:	CM15-0209801		
Date Assigned:	10/28/2015	Date of Injury:	02/12/2011
Decision Date:	12/09/2015	UR Denial Date:	09/26/2015
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: California, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 58-year-old female injured worker suffered an industrial injury on 2-12-2011. The diagnoses included right and left knee meniscal tear, bilateral knee pain and bilateral knee internal derangement. On 9-8-2015, the provider reported he recommended the injured worker to trial Skelaxin at this visit for spasms. The injured worker reported increased spasms to the bilateral knees radiating to the anterior and posterior thighs. On exam there was tenderness to both knees and range of motion for both knees were restricted. The exam did not indicate objective evidence of spasms. Utilization Review on 9-26-2015 determined non-certification for Skelaxin 800mg one tablet orally three times daily as needed #90 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg one tablet orally three times daily as needed #90 with no refills: 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), Muscle relaxants (for pain).

Decision rationale: Per CA MTUS regarding Skelaxin (metaxalone) and Muscle relaxants (for pain): "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by [REDACTED] under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. See Muscle relaxants for more information and references." CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. In this case, there is no evidence of muscle spasms on review of the medical records from 9/8/15. In addition, there is no indication for the prolonged use of a muscle relaxant. Thus, the recommendation is not medically necessary.