

Case Number:	CM15-0210715		
Date Assigned:	10/29/2015	Date of Injury:	09/12/2006
Decision Date:	12/16/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/27/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 61 year old male who sustained an industrial injury on 09/12/2006. Medical records indicated the worker was treated for Psychalgia, Osteoarthritis of knee, Opioid dependence, Degeneration of lumbosacral intervertebral disc, Old medial collateral ligament disruption, Lumbar post laminectomy syndrome, and Neck pain. The worker is currently participating in a functional rehabilitation program (FRP). He was seen (10-01-2015) in follow-up of his low back pain. He continued to note significant low back pain and leg pain. According to provider notes his pain is "currently well managed off of opiate based medications". He is doing a home exercise and self-management program. Medications include gabapentin, Lidocaine patches, Voltaren 1% topical gel, Suboxone, and Skelaxin (since at least 06-18-2015). On examination, the worker denies depression, sleep disturbances, alcohol abuse, suicidal ideation and anxiety. He has "no muscle weakness or swelling of the extremities, and muscle aches, arthralgias and joint pain in the left knee, and back pain". According to provider notes, he has a serious complex chronic pain condition that has not resolved, but has stabilized with the interdisciplinary FRP. He has detoxified from all opioid-based medications. A request for authorization was submitted for Skelaxin 800mg quantity 90 with five refills. A utilization review decision 10-21-2015denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg quantity 90 with five refills: 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: Per MTUS CPMTG p61, Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. With regard to muscle relaxants, the MTUS CPMTG p63 states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The medical records submitted for review indicate that the injured worker has been using this medication since at least 1/2015. As Skelaxin is not recommended for long-term use, the request is not medically necessary. Furthermore, the requested six month supply is not medically necessary.