MAXIMUS Federal Services

Case Number:	CM15-0031416		
Date Assigned:	02/24/2015	Date of Injury:	03/13/2008
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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: Physical Medicine & Rehabilitation

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 57 year old male who sustained an industrial injury on 3/13/08. He currently complains of bilateral lower neck pain and bilateral shoulder pain. The pain intensity is 6/10. Medications include Skelaxin, Nexium, Celebrex, Percocet, lorazepam. Diagnoses are bilateral cervical facet joint pain C6-7, C7-T1; bilateral carpal tunnel syndrome; status post bilateral C6-7 and C7-T1 rhizotomy (6/6/13); bilateral cervical facet joint pain at C6-7 and C7-T1; cervical facet joint arthropathy; cervical post-laminectomy syndrome; status post cervical foraminotomies; central disc protrusions at C3, 4, 5, 6, 7, and T1, 2; cervical sprain, strain; status post left shoulder surgery; left shoulder internal derangement and gastroesophageal reflux disease. Treatments to date include multiple injections including facet ablation (2/3/12); facet joint medial branch block C7-T1. Diagnostic include cervical MRI (1/28/13). In the progress note dated 1/13/15, the treating provider requested Skelaxin as it provides 80% improvement of his spasms with 80% improvement in the performance of his activities of daily living. On 2/11/15 utilization review non-certified the request for Skelaxin 800 mg, 1 by mouth three times a day as needed #90, no refills citing MTUS: Chronic Pain Medical treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg, 1 tab by mouth 3 times daily as needed for spasm, #90 with no refills prescribed 1/13/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines skelaxin Pain Outcomes and Endpoints Medications for chronic pain Page(s): 61, 8-9, 60.

Decision rationale: The patient presents with bilateral lower neck pain and bilateral shoulder pain rated 6/10. The request is for retrospective SKELAXIN 800MG, I TAB BY MOUTH 3 TIMES DAILY AS NEEDED FOR SPASM, #90 WITH NO REFILLS PRESCRIBED 01/13/15. The RFA provided is dated 10/30/14. Patient is writing full duty. MTUS p61 regarding skelaxin states, "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." MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The prescription for is first noted in the progress report dated 11/18/14 and the patient has been taking it consistently since at least then. The patient has been suffering from chronic neck pain and may benefit from Skelaxin. However, the treater does not document efficacy. MTUS p60 require recording of pain and function when medications are used for chronic pain. Furthermore, MTUS does not support long-term use of this medication. The request for quantity 90 does not indicate intended short-term use. The request IS NOT medically necessary.