

Case Number:	CM15-0035671		
Date Assigned:	03/04/2015	Date of Injury:	08/15/1995
Decision Date:	04/13/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	02/25/2015

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, Arizona

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 62-year-old female who reported an injury on 08/15/1995. The mechanism of injury was not stated. The current diagnoses include lumbago, other symptoms referable to the back, sciatica, and unspecified synovial cyst. The injured worker presented on 02/19/2015 for a follow-up evaluation with complaints of 7/10 pain with activity limitation. The injured worker was utilizing clonazepam 0.5 mg, esomeprazole 20 mg, Norco 10/325 mg, and Skelaxin 800 mg. Upon examination of the lumbar spine, there was tenderness to palpation, palpable muscle spasm, tenderness along the bilateral sacroiliac joints, negative straight leg raise, diminished Achilles reflexes on the left, markedly positive facet loading bilaterally, and tenderness at the L4-S1 facets bilaterally. The injured worker was instructed to continue with the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg 1 twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second line option for short-term treatment of acute exacerbations. In this case, it is noted that the injured worker has utilized the above medication since at least 10/06/2014. Guidelines would not support long-term use of muscle relaxants. Despite the ongoing use of this medication, the injured worker continues to demonstrate palpable muscle spasm upon examination. Given the above, the request is not medically appropriate.