

Case Number:	CM15-0041058		
Date Assigned:	03/11/2015	Date of Injury:	10/04/2010
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 56 year old male who sustained an industrial injury on October 4, 2010. He has reported knee pain, shoulder pain, chronic back pain, and hand pain and has been diagnosed with pain in joint shoulder region, backache unspecified, pain in joint lower leg, and pain in limb. Treatment has included surgery and medications. Currently the injured worker had an absent Tinel's sign, pin prick sensation was normal. Back pain was non radiating and improving. The treatment plan included medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin tablet 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Skelaxin 800 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are shoulder pain; knee pain; chronic back pain; infection of skin. The documentation shows Skelaxin was prescribed as far back as October 2, 2014. Skelaxin is recommended for short-term (less than two weeks) treatment of acute low back pain short-term exacerbation in a patient with chronic low back pain. The treating physician has exceeded the recommended guidelines for short-term use by requesting a refill January 27, 2015. The utilization review physician had a peer-to-peer phone conference with the treating physician and the treating physician agreed to discontinue Skelaxin and continue its use only with exacerbations. Consequently, absent clinical documentation with objective functional improvement pursuant to the guideline recommendations for short-term use, Skelaxin 800 mg #90 is not medically necessary.