

Case Number:	CM15-0044200		
Date Assigned:	03/16/2015	Date of Injury:	10/01/2009
Decision Date:	04/17/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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 49-year-old male, who sustained an industrial injury on 10/01/2009. On provider visit dated 01/06/2015 the injured worker has reported back pain that radiated down right leg. On examination, he was noted to have a restricted range of motion and tenderness over the sacroiliac spine. On palpation of paravertebral muscles were noted as being hypertonicity, spasm, tenderness and tight muscle band on both sides and a positive straight leg raise on left side. The diagnoses have included post-lumbar laminectomy syndrome, lumbar radiculopathy, disc disorder lumbar and low back pain. Treatment to date has included MRI's, Electromyogram/ Nerve conduction velocity studies, medications, injections and L5-S1 fusion laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), non-sedating muscle relaxant.

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 #60 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. Lorzone is not recommended. In this case, the injured worker's working diagnoses are post-lumbar laminectomy 800 mg; lumbar radiculopathy; disk disorder lumbar; and low back pain. A progress note dated August 2014 shows the injured worker is taking Lorzone. A progress note dated September 16, 2014 shows the injured worker is taking Lorzone and Soma. There are two lists of medications in the medical record one in bold font and one in a regular font. The treating physician does not distinguish whether both lists are current medication lists. A progress note dated November 11, 2014 shows the injured worker is taking both Lorzone and Soma. On November 11, 2014, a urine drug screen was positive for Soma. On December 24, 2014 Robaxin was started. Robaxin was too sedating and on February 3, 2015, Skelaxin was started in addition to Lorzone. There is no clinical rationale or indication for the dual use of two muscle relaxants. Lorzone is indicated for short-term use and according to the Official Disability Guidelines is not recommended. Skelaxin is recommended for short-term use (less than two weeks). Muscle relaxants are no longer indicated in an injured worker taking muscle relaxants for approximately 9 months. Additionally, there is no clinical indication or rationale for the use of two muscle relaxants taken concurrently long term. Consequently, absent clinical documentation with objective functional improvement with a clinical indication and rationale to support the dual use of two muscle relaxants taken concurrently (Lorzone taken as early as August 2014) in excess of the recommended guidelines for short-term use, Skelaxin 800 mg #60 is not medically necessary.