

Case Number:	CM15-0088318		
Date Assigned:	05/12/2015	Date of Injury:	05/19/2007
Decision Date:	06/18/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/07/2015

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: Florida

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40 year old man sustained an industrial injury on 5/19/2007. The mechanism of injury is not detailed. Evaluations include chest x-ray dated 9/11/2010, electromyogram dated 6/3/2008, and lumbar spine MRI dated 6/8/2007. Diagnoses include lumbar facet syndrome, seizure disorder, and low back pain. Treatment has included oral medications and surgical intervention. Physician notes dated 4/21/2015 show complaints of pain rated 5/10 with medications and 8/10 without medications as well as poor sleep quality. Recommendations include lumbar spine MRI, possible epidural steroid injections or branch blocks, increase Norco, Ibuprofen, Skelaxin, spine consultation, and follow up in eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Skelaxin is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP". "Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Skelaxin is not medically necessary.