

Case Number:	CM15-0242032		
Date Assigned:	12/21/2015	Date of Injury:	03/29/1996
Decision Date:	01/25/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/11/2015

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: Emergency 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 3-29-96. The injured worker was being treated for cervical disc disorder, lumbar radiculopathy and lumbar post-laminectomy syndrome. On 10-12-15, the injured worker complains of low back pain with radiation down to his buttock area bilaterally with limited range of motion of lumbar spine, left knee pain, swelling, and pain in neck with intermittent radiation down each arm. He is not working. Physical exam performed on 10-12-15 revealed tenderness of cervical spine along the right paraspinous muscles from base of skull down to C7 and trapezial and scapular area on right, midline lumbar scar from L1-S1, tenderness along the entirety of the lumbar paraspinous muscles with a minimal limp on left side and tenderness along the medial and lateral joint line of the left knee with minimal swelling; tenderness to palpation about the talus both medially and laterally was noted on right ankle and foot. Treatment to date has included oral medications including lumbar laminectomy, Oxycodone 10mg, OxyContin 20mg, Skelaxin 800mg (since at least 9-18-14) and Gabapentin 600mg; physical therapy and activity modifications. On 11-4-15 request for authorization was submitted for Skelaxin 800mg #90 with 2 refills. On 11-12-15 request for Skelaxin 800mg #90 with 2 refills was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Metaxalone (Skelaxin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The requested Skelaxin 800mg #90 with 2 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain with radiation down to his buttock area bilaterally with limited range of motion of lumbar spine, left knee pain and swelling and pain in neck with intermittent radiation down each arm. He is not working. Physical exam performed on 10-12-15 revealed tenderness of cervical spine along the right paraspinal muscles from base of skull down to C7 and trapezial and scapular area on right, midline lumbar scar from L1-S1, tenderness along the entirety of the lumbar paraspinal muscles with a minimal limp on left side and tenderness along the medial and lateral joint line of the left knee with minimal swelling; tenderness to palpation about the talus both medially and laterally was noted on right ankle and foot. This medication has been prescribed since at least September 2014. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Skelaxin 800mg #90 with 2 refills is not medically necessary.