

Case Number:	CM14-0123828		
Date Assigned:	08/08/2014	Date of Injury:	03/20/2013
Decision Date:	10/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 35 year-old male was reportedly injured on 3/20/2013. The most recent progress note, dated 6/25/2014. Indicates that there are ongoing complaints of low back pain. The physical examination demonstrated Lumbar spine: decreased ROM with pain, +muscle spasms/tightness/tension, + Kemp's, +muscle tenderness, +SI compression, + SLR. No recent diagnostic studies are available for review. Previous treatment includes medication. A request had been made for skelaxin 800 mg, 2 refills and was not certified in the pre-authorization process on 7/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #90 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Skelaxin is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most

recent progress note, the injured employee does not have any complaints of acute exacerbations on physical examination. For these reasons this request for Skelaxin is not medically necessary.