

Case Number:	CM14-0127362		
Date Assigned:	08/15/2014	Date of Injury:	06/26/2010
Decision Date:	11/12/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 54 year old male with an injury date of 04/26/10. Based on the 05/12/14 progress report provided by [REDACTED], the patient complains of neck pain with arm symptoms. Physical examination to the cervical spine revealed decreased range of motion, especially on extension and mild to moderate restriction on all planes. Patient has a long history of cervical radicular symptoms, having limited benefit with epidural steroid injection. He is not tolerant of anti-inflammatories even Celebrex. Progress report dated 02/10/14 states that patient is continuing with home exercise program. Skelaxin has been prescribed in progress report dated 02/10/14. Per progress report dated 07/07/14, his pain is rated 6-8/10 with medications. Diagnosis 05/12/14- chronic neck and upper back pain, with bilateral forearm paresthesias suggestive of a C6 pattern- C5-6 advanced spondylosis, with at least moderate to severe left C5-6 foraminal stenosis, per 2010 MRI- C6 radiculitis [REDACTED] is requesting Skelaxin 800mg #90, 1tid refill x5 body part cervical spine. The utilization review determination being challenged is dated 07/18/14. The rationale is "Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP..." [REDACTED] is the requesting provider, and he provided treatment reports from 02/10/14 - 07/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #90 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Page(s): 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Metaxalone (Skelaxin®), under Pain (Chronic)

Decision rationale: The patient presents with neck pain and arm symptoms. The request is for Skelaxin 800mg #90, with 5 refills, body part cervical spine. His diagnosis dated 05/12/14 includes chronic neck and upper back pain, with bilateral forearm paresthesias suggestive of a C6 pattern, and C5-6 advanced spondylosis, with at least moderate to severe left C5-6 foraminal stenosis, per 2010 MRI. MTUS page 61 states that Skelaxin is "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by ██████████ under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." ODG-TWC, Pain (Chronic) chapter, states that Skelaxin is a relatively non-sedating muscle relaxant. Progress report dated 05/12/14 states that patient has a long history of cervical radicular symptoms, having limited benefit with epidural steroid injection. Skelaxin has been prescribed since progress report dated 02/10/14, and patient reports his pain to be rated 6-8/10 with medications, per treater report dated 07/07/14. According to ODG, Skelaxin is a relatively non-sedating muscle relaxant, and progress report dated 05/12/14 states that patient is not tolerant of anti-inflammatories even Celebrex. Skelaxin seems to be helping. Skelaxin 800mg #90 with 5 refills is medically necessary and appropriate.