

Case Number:	CM14-0167589		
Date Assigned:	10/14/2014	Date of Injury:	01/28/2010
Decision Date:	05/29/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/10/2014

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. 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 40-year-old, female who sustained a work related injury on 1/28/10. The diagnoses have included elbow lateral epicondylitis, elbow arthralgia, right acromioclavicular impingement, right wrist pain and right carpal tunnel syndrome. The treatments have included x-rays, MRIs, neurodiagnostic studies of upper extremities, physical therapy, right elbow surgery, oral medications, Voltaren gel, right wrist injections, right shoulder injections and right elbow injections. In the PR-2 dated 9/22/14, the injured worker complains of right wrist, right elbow and right shoulder pain. She rates her pain a 7/10. She is getting minimal pain relief from pain medication Norco. She is getting no pain relief with Robaxin, Flexeril and Soma. The treatment plan is for Skelaxin. The medications listed are Voltaren gel, meloxicam, Voltaren gel, omeprazole, gabapentin and Norco. The UDS report was consistent with the prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative medications. The records indicate that the patient had been on chronic treatment with multiple muscle relaxant medications dating to the 2010 injury. The guidelines recommend that the use of muscle relaxants be limited to periods of less than 4 to 6 weeks duration. The criteria for the use of Skelaxin 800mg #90 was not met. Therefore, the requested medical treatment is not medically necessary.