

Case Number:	CM14-0214595		
Date Assigned:	01/29/2015	Date of Injury:	02/21/2004
Decision Date:	03/03/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female with an injury date of 02/21/04. As per progress report dated 12/02/14, the patient complains of throbbing and burning neck and left shoulder pain rated at 7/10. The pain worsens with activity. The patient also complains of numbness, stress, insomnia and joint pain. Physical examination reveals diffuse tenderness to palpation along with painful and decreased range of motion in the neck. There is hypertonicity in bilateral superior trapezius muscle. In progress report dated 01/09/14, the patient states that her pain extends to the upper thoracic region, specifically to the left shoulder. Cervical spine flexion and extension are at 15 degrees, bilateral rotation is at 70 degrees, right lateral flexion is at 45 degrees, and left lateral flexion is at 30 degrees. Flexion of the left shoulder is at 170 degrees while abduction is at 150 degrees. Foraminal compression test and Jackson compression test are positive bilaterally. The supraspinatus test and Hawkin's test are positive on the left. Medications, as per progress report dated 12/02/14, include Vicodin, Vistaril, and Skelaxin. The patient is also relying on home exercises and stretching. The patient is working, as per progress report dated 12/02/14. Diagnoses, 12/02/14:- Cervical Brachial syndrome, stable- Shoulder pain, stable- Chronic pain syndrome, stableThe utilization review determination being challenged is dated 12/17/14. Treatment reports were provided from 05/09/13 - 12/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Skelaxin 800mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines skelaxin. medication for chronic pain Page(s): 61, 60-61.

Decision rationale: The patient presents with throbbing and burning neck and left shoulder pain, rated at 7/10, that worsens with activity, as per progress report dated 12/02/14. The request is for skelaxin 800mg # 20. MTUS p61 regarding skelaxin states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by [REDACTED] under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. See Muscle relaxants for more information and references." In this case, a trial for Skelaxin was first noted in progress report dated 11/18/13. The patient has received the medication consistently since then. The patient has been suffering from chronic neck pain and may benefit from Skelaxin. However, the treater does not document it's efficacy. MTUS p60 require recording of pain and function when medications are used for chronic pain. Furthermore, MTUS does not support long-term use of this medication. This request is not medically necessary.