

Case Number:	CM14-0215632		
Date Assigned:	01/05/2015	Date of Injury:	11/10/2008
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/23/2014

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, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant filed a claim for chronic pain syndrome reportedly associated with an industrial injury of November 10, 2008. In a Utilization Review Report dated December 18, 2014, the claims administrator failed to approve a request for Skelaxin while approving Norco, Cymbalta, Prilosec, renal function testing, and hepatic function testing. The claims administrator referenced a December 11, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On August 27, 2014, the applicant was given an 11% whole-person impairment rating. Medication selection or medication efficacy was not detailed on this occasion. On May 14, 2014, the applicant reported persistent complaints of low back pain. Voltaren gel and Prilosec were endorsed. In a handwritten RFA form dated September 3, 2014, Cymbalta, Flector, Norco, Skelaxin, and Zantac were endorsed. In an associated progress note of the same date, the applicant reported persistent complaints of low back pain. The applicant had received recent chiropractic manipulative therapy, it was acknowledged. The applicants work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metaxalone 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Skelaxin are recommended for short-term use purposes, to combat acute exacerbations of chronic low back pain in this case, however, the 90-tablet supply of metaxalone (Skelaxin) at issue represents chronic, long-term, and scheduled usage. Such usage, however, is incompatible with that espoused on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.