

Case Number:	CM15-0107393		
Date Assigned:	06/11/2015	Date of Injury:	02/24/2003
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/03/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old man sustained an industrial injury on 2/24/2003. The mechanism of injury is not detailed. Diagnoses include failed back surgery syndrome, mechanical low back pain, and chronic nausea. Treatment has included oral medications and intrathecal pain pump. Physician notes dated 12/18/2014 show complaints of increased low back pain. Recommendations include generator analysis performed, continue proper body mechanics, heat, follow up with gastroenterology, Percocet, Lyrica, Skelaxin, and intrathecal pain pump refilled and programmed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg Qty 60, take 1 by mouth 2 times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Skelaxin Page(s): 61.

Decision rationale: Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. In this case, the claimant had been on Skelaxin for several months in combination with opioids and pain pump. Long-term use in combination with opioids is not recommended. Failure of other options is not noted. Continued use of Skelaxin with 2 additional refills is not medically necessary.