

Case Number:	CM15-0013204		
Date Assigned:	01/30/2015	Date of Injury:	06/08/2009
Decision Date:	03/19/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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: California
 Certification(s)/Specialty: Emergency 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 59 year old female injured worker suffered an industrial injury on 6/8/2009. The diagnoses were low back pain and left shoulder pain. The diagnostic studies were electromyography, magnetic resonance imaging of the lumbar spine. The treatments were medications. The treating provider reported that the injured worker stated the pain was 10/10 without the medications and 6/10 with medications along with increased lower back pain with a feeling of numbness and tingling in the left foot. The Utilization Review Determination on 1/13/2015 non-certified Skelaxin 800mg #50, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg # 50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page63-66 Page(s): Page 63-66.

Decision rationale: The requested Skelaxin 800 mg # 50, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page M63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The treating physician has documented pain was 10/10 without the medications and 6/10 with medications along with increased lower back pain with a feeling of numbness and tingling in the left foot. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Skelaxin 800 mg # 50 is not medically necessary.