

Case Number:	CM15-0014928		
Date Assigned:	02/03/2015	Date of Injury:	02/27/2014
Decision Date:	03/19/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/27/2015

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 injured worker is a 55 year old female who sustained a work related injury on February 27, 2014, after repetitive reaching and incurred low back, left leg and pelvic injuries. Diagnoses included a sprain of the thoracic spine, lumbar sprain and a sacrum sprain. Treatment included physical therapy, a home exercise program, anti-inflammatory medications and pain medications. Currently, in January, 2015, the injured worker complained of continued pain in the lumbar and pelvic regions with numbness in the lower left extremity. She was diagnosed with degenerative disc disease and lumbar radiculopathy, chronic pain syndromes and myofascial pain. On January 16, 2015, a request for a prescription of Skelaxin 800 mg #90 was modified to one month's supply for weaning purposes, by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 Mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin, generic available) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Metaxalone(Skelaxin) Page(s): 81.

Decision rationale: As per MTUS chronic pain guidelines, Skelaxin or Metaxalone is a second line muscle relaxant. Recommendation only for short term use. Patient has been on this medication chronically which is not recommended. Skelaxin is not medically necessary.