

Case Number:	CM15-0016315		
Date Assigned:	02/04/2015	Date of Injury:	03/29/1996
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/28/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66-year-old male who reported an injury on 03/29/1996. The mechanism of injury was not stated. The current diagnoses include back pain, chronic constipation, major depression, lumbar degenerative disc disease, myofascial pain, postlaminectomy syndrome, sciatica, and spondylosis without myelopathy. The latest physician progress report submitted for review was documented on 01/14/2015. The injured worker presented with complaints of low back pain with radiating symptoms into the bilateral lower extremities. The current medication regimen includes Amitiza, Cymbalta, Linzess, Percocet, Skelaxin, Topamax, and Senna. Upon examination, there was an antalgic gait, myofascial tenderness, absent left knee deep tendon reflexes, 2/5 motor weakness on the left, 3/5 motor weakness on the right, and a positive straight leg raise at 50 degrees on the right and 60 degrees on the left. Recommendations included continuation of the current medication regimen. There was no Request for Authorization submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Metaxalone 800mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has continuously utilized the above medication for an unknown duration. The guidelines do not recommend long term use of muscle relaxants. The current request for metaxalone 800 mg with 2 refills would not be supported. Additionally, there was no frequency listed in the request. Given the above, the request is not medically appropriate.