

Case Number:	CM15-0112839		
Date Assigned:	06/19/2015	Date of Injury:	09/13/2013
Decision Date:	07/17/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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:

The injured worker is a 68 year old female who sustained a work related injury September 13, 2013. Past history included s/p anterior cervical fusion C3-C7 2013, right rotator cuff repair, 2012. According to a physician's office encounter, dated April 27, 2015, the injured worker presented for follow-up with complaints of neck pain, bilateral shoulder pain, and left arm pain. She is pending right shoulder surgery and is feeling anxious. She takes Tylenol #3 as needed for pain without side-effects noted. Objective findings included tenderness overlying the lumbar paravertebral muscles, tenderness overlying the posterior superior iliac spine and positive straight leg raise, right. Range of motion of the lumbar spine documented as; flexion 40 degrees, extension 5 degrees and positive facet loading sign. There is tenderness overlying the cervical paravertebral muscles right/left/bilateral, and cervical facets right and left. Diagnoses are cervical and lumbar radiculitis; cervical and lumbar radiculitis; cervical and lumbar facet arthropathy; cervical myofascial pain syndrome; failed back surgery syndrome, cervical. Treatment plan included waiting cervical facet injection refill medication Tylenol 4 and Cymbalta, and hold NSAID's (non-steroidal anti-inflammatory drugs) 5 days prior to surgery. At issue, is the request for authorization for Metaxalone.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Metaxalone 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Metaxalone Page(s): 61.

Decision rationale: According to the guidelines, Metaxolone is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. In this case, the claimant has neck pain and is on multiple analgesics. Pain response or failure of other options is not substantiated. The Metaxalone is not medically necessary.