

Case Number:	CM15-0116178		
Date Assigned:	06/24/2015	Date of Injury:	05/28/2010
Decision Date:	07/29/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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:

This 66 year old female injured worker suffered an industrial injury on 5/28/2010. The diagnoses included chronic left shoulder strain and chronic impingement, lumbosacral spondylosis without myopathy and peripheral neuritis. The diagnostics included cervical and lumbar magnetic resonance imaging and electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with medications, use of an inversion table, and use of a transcutaneous electrical nerve stimulation (TENS) unit. Skelaxin (metaxalone) was prescribed in June of 2013. An Agreed Medical Examination in 2013 indicates that the injured worker did not return to work after the injury. On 2/9/2015, the treating provider reported continued left leg radiculopathy. The pain was rated 5/10 with medications and 8 to 9/10 without medications. On exam, there was some weakness bilaterally in the legs. The provider prescribed Metaxalone for muscle spasms. The treatment plan included Metaxalone and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metaxalone #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: This injured worker has chronic back pain. Metaxalone has been prescribed for at least several months and the documentation indicates it may have been used for more than one year. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Current work status was not documented, and the documentation suggests that the injured worker has not worked since the injury. There was no documentation of specific improvements in activities of daily living as a result of use of metaxalone. Due to length of use in excess of the guideline recommendations and lack of functional improvement, the request for metaxalone is not medically necessary.