

Case Number:	CM15-0123089		
Date Assigned:	07/07/2015	Date of Injury:	07/12/2001
Decision Date:	08/04/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on 7/12/01. Initial diagnosis and symptoms experienced by the injured worker were not included in the documentation. Treatment to date has included medication, MRI and CT scan. Currently, the injured worker complains of low back pain rated at 9/10 and increased muscle spasms. The injured worker is diagnosed with L4-L5 mild central posterior disc bulge, L5-S1 moderate broad based posterior disc, post right shoulder endoscopic surgery, compression fracture of T11-T12, right shoulder impingement syndrome, post right shoulder arthroscopy (x2) and cervicogenic headaches. An MRI dated 2/21/15 revealed abnormalities. In a note dated 3/19/15 the injured worker reports improvement in his pain level from medications. He is able to engage in activities of daily living, he experiences increased stamina to walk and improvement in his ability to sit for prolonged periods. A note dated 4/22/15 states the injured worker is experiencing an increase in pain. He was 8/10 in March and now rates his pain at 9/10. He also reports an increase in muscle spasms without Skelaxin. An examination of the lumbar spine, on the same date, reveals decreased range of motion, tenderness to palpation and spasmodic features noted. A prescription for Skelaxin 800 mg #90 is requested to reduce the muscle spasms experienced by the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin tab 800mg #90: Upheld

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

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

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Functional improvement was noted as minimal. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Skelaxin tab 800mg #90 is not medically necessary.