

Case Number:	CM15-0123824		
Date Assigned:	08/03/2015	Date of Injury:	03/20/2012
Decision Date:	09/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, Florida, 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 30-year-old male who sustained an industrial injury on 03-20-2012. Current diagnoses include neck pain, thoracic spine pain, low back pain, bilateral thigh pain, anxiety, and right shoulder pain. Previous treatments included medications, psychology evaluation and management, and TENS unit. Previous diagnostic studies included MRI of the lumbar spine and right shoulder. Initial injuries occurred when the injured worker became engulfed in a silo bin filling with grain resulting in whole body injuries. Report dated 05-21-2015 noted that the injured worker presented with complaints that included bilateral lower extremity pain and low back pain. Current medications include Norco, Restoril, and Skelaxin. Pain level was not included. Physical examination was positive for tenderness to palpation over the right side lumbar region, tight ropy fibers muscle spasms, and on straight leg raising he complains of symptoms towards the lateral and anterior thighs. The treatment plan included continuing Norco, Restoril, and Skelaxin, request for TENS unit repair or replacement, request for 6 sessions of acupuncture, request for x-rays of the lumbar spine, instructed to keep appointments with the psychologist, and follow up in one month. Medical records submitted support that the injured worker has been prescribed Skelaxin since at least 03-26-2015. Disputed treatments include Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Skelaxin 800mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone, (Skelaxin), non-sedating muscle relaxants, (Effective July 18, 2009) Page(s): 61-63 of 127.

Decision rationale: This claimant was injured in 2012. There was neck pain, thoracic spine pain, low back and bilateral spine pain, anxiety and right shoulder pain. There is no mention of acute muscle spasm. The MTUS notes that Metaxalone (Skelaxin) is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. The MTUS elsewhere also recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004). In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request was appropriately non-certified under MTUS criteria.