MAXIMUS Federal Services

Case Number:	CM15-0124968		
Date Assigned:	07/09/2015	Date of Injury:	09/25/2014
Decision Date:	09/10/2015	UR Denial Date:	06/03/2015
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: New York
Certification(s)/Specialty: Pediatrics, 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:

The injured worker is a 66 year old male, who sustained an industrial injury on 09/25/2014, when he reported injuring his mid back after a fall at work. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having cervical radiculitis, degeneration of cervical intervertebral disc, myofascial pain, degeneration of thoracic intervertebral disc, and chronic pain. Treatment and diagnostics to date has included physical therapy, chiropractic treatment, cervical spine x-ray which showed mild spurring, foraminal narrowing, and facet arthrosis, and medications including two non-steroidal anti-inflammatory drugs (NSAIDs), an anti-epileptic, and a muscle relaxant. In a progress note dated 05/26/2015, the injured worker presented with complaints of chronic mid-back pain that has unchanged since his date of injury and bilateral neck pain with bilateral upper extremity weakness and tingling. Objective findings include tenderness over cervical paraspinal muscles with trigger points and muscle spasms. The treating physician reported requesting authorization for Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg, 1 tab daily, #30, prescribed 05/26/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs).

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

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Skelaxin (Metaxalone) is reported to be a "relatively non-sedating muscle relaxant" and non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain...Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAID's (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also, there is no additional benefit show in combination with NSAID's". The reviewed medical records show that the injured worker has a history of low back pain, currently on Naprosyn and Ibuprofen (NSAIDs) and has been taking Skelaxin (Metaxalone) daily at least since 03/25/2015. The treating physician does not report how this medication is helping in terms of pain and function and long-term use of this medication is not supported by MTUS. The continued use of Skelaxin for over two months exceeds the MTUS recommendations. Therefore, the request for Orphenadrine is not medically necessary.