

Case Number:	CM15-0128259		
Date Assigned:	07/15/2015	Date of Injury:	05/01/2002
Decision Date:	09/04/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/03/2015

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: Anesthesiology

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 42 year old male, who sustained an industrial injury on May 1, 2002. He reported low back pain and leg pain. The injured worker was diagnosed as having lumbago, sciatica, postlaminectomy syndrome of the lumbar region, encounter for long-term use of medications and depressive disorder. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine, physical therapy, massage therapy, chiropractic care, dry needling, lumbar epidural steroid injections, spinal cord stimulator placement, trigger point injections, TENS unit, functional restoration program, exercise program, yoga, nutritional support, cognitive behavioral therapy medications and work restrictions. Currently, the injured worker complains of continued low back pain radiating into the buttock and bilateral lower extremities, worse on the right side. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 2, 2015, revealed continued pain. Skelaxin was continued. No Pain scale was included. Evaluation on April 7, 2015, revealed continued pain as noted. He rated his pain using visual analog scale (VAS) at 8 on a 1-10 scale with 10 being the worst, 5 at best and 9 at worst. Skelaxin was continued. Evaluation on June 11, 2015, revealed continued stabbing, numb and spasm pain in the low back and lower extremities. He rated his pain on a VAS of 1-10 with 10 being the worst, at a 5 and at worst a 9. He reported his condition was unchanged since the previous visit. It was noted he had a 19 pound weight gain since 2013. He reported benefit with the spinal cord stimulator, lumbar injections, physical therapy, massage therapy, trigger point injections for myofascial pain, and the functional restoration program. He gained little benefit with the TENS unit, chiropractic care, dry needling, Lyrica and Gabapentin. Skelaxin was continued. Skelaxin 800 mg, one three times daily #90 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg one three times a day quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 61-66.

Decision rationale: Metaxalone (Skelaxin) is reported to be a relatively non-sedating muscle relaxant. The exact mechanism of action is unknown, but the effect is presumed to be due to general depression of the central nervous system. A hypersensitivity reaction (rash) has been reported. It is to be used with caution in patients with renal and/or hepatic failure. Skelaxin is recommended as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. According to the CA MTUS guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the documentation supports chronic pain, not acute exacerbations for short periods. In addition, the patient has not shown a documented benefit or any functional improvement from prior Skelaxin use. Medical necessity for this muscle relaxant has not been established. The requested medication is not medically necessary.