

Case Number:	CM15-0170803		
Date Assigned:	09/11/2015	Date of Injury:	12/31/2008
Decision Date:	10/09/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female who sustained an injury on 12-31-08 resulting from cumulative trauma and developed pain in her left shoulder and arm. Diagnoses were shoulder strain; hand numbness; cervical thoracic impingement syndrome. A review of the medical records indicate (5-13-15) her subjective complaints were she continued to have dyspepsia; left shoulder pain is sharp, occasionally rated 8 out of 10 and occurs 1 x month, lasting a few days and was worse with reaching. Left arm was dull, sharp and constant and had numbness. It was better with rest and ice. The objective findings were pain to palpation over the left pectoral muscle and left costosternal junction. Medications prescribed TheraCare patches twice a day; Skelaxin 800 three times a day #90; Topamax 25 mg; Celebrex 100-200 mg. Her home exercises were reviewed and authorization for a vascular surgery was requested. 6-24-15 Skelaxin 800 mg three times a day #90 was prescribed and most currently on 8-5-15 the examination reports she was feeling worse. She was not working. Taking Celebrex decreased her pain by 30% but she had not taken it for several months. She reports dyspepsia; left shoulder and left arm pain are dull and constant. The objective findings were pain to palpation over the left pectoral muscle and left costosternal junction. She had weakness and giving out of her left arm. Current requested treatments Skelaxin 800 mg #120. Utilization review 8-13-15 modified Skelaxin 800 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Metaxalone (Skelaxin).

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in December 2008 and is being treated for left shoulder and arm pain. When seen, pain was rated at 3-4/10. There was left Tinel and Allen testing and pain over the left pectoralis muscle and sternocostal junction. Skelaxin was refilled and had been prescribed since at least May 2015. Skelaxin (metaxalone) is recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. In this case, the claimant is not being treated for low back pain and the quantity being prescribed is consistent with ongoing long term use. Continued prescribing is not medically necessary.