

Case Number:	CM15-0173410		
Date Assigned:	09/15/2015	Date of Injury:	05/28/2013
Decision Date:	11/03/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 41 year old male, who sustained an industrial injury on May 28, 2013. The injured worker was diagnosed as having lumbar radiculopathy and backache not otherwise specified. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the lumbar spine, physical therapy, laboratory studies, status post facet injections, and chiropractic therapy. In a progress note dated August 20, 2015 the treating physician reports complaints of lower backache. Examination performed on August 20, 2015 was revealing for a slow, stooped gait, loss of lordosis to the lumbar spine, decreased range of motion to the lumbar spine with pain, tenderness, spasm, and hypertonicity to the lumbar paravertebral muscles, and positive lumbar facet loading bilaterally. On August 20, 2015 the injured worker's medication regimen included Colace, Norco, Skelaxin, and Norvasc since at least March 2015. On August 20, 2015 the injured worker's pain level was rated a 7 on a scale of 1 to 10 with the use of her medication regimen and was rated a 9 on a scale of 1 to 10 without the use of her medication regimen. The progress note on August 20, 2015 noted that the injured worker was able to perform activities of daily living and has an increase in his activity secondary to the use of his medication regimen. On August 20, 2015 the treating physician requested Skelaxin 800mg with a quantity of 60 for muscle spasms. On September 01, 2015 the Utilization Review determined the request for Skelaxin 800mg with a quantity of 60 per August 20, 2015 order was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #60 (per 08/20/15 order): 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), Muscle relaxants (for pain).

Decision rationale: Skelaxin 800mg #60 (per 08/20/15 order) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Skelaxin is reported to be a relatively non-sedating muscle relaxant. The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low. The documentation indicates that the patient has been on Skelaxin since at least March of 2015. The documentation indicates the patient has chronic pain rather than acute exacerbation of pain. The request for Skelaxin 800mg #60 is not medically necessary.