

Case Number:	CM15-0175518		
Date Assigned:	09/16/2015	Date of Injury:	07/09/2012
Decision Date:	10/26/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/07/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 42 year old female who sustained an industrial injury on 7-9-12. Diagnoses noted are chronic left shoulder pain, status post rotator cuff repair and tenodesis 11-15-12, left shoulder adhesive capsulitis, lower trunk brachial plexus injury, and status post left shoulder manipulation and arthroscopic debridement. Previous treatment includes physical therapy, medication, nerve conduction studies, MRI-cervical spine, home exercise, H-wave unit, and left shoulder injection. In a progress report dated 6-25-15, the physician notes persistent neck and left shoulder pain. Pain is rated at 6 out of 10. Spasms are noted in the cervical paraspinal left shoulder region musculature. Medications are Gabapentin, Cymbalta, Norco, Butrans, and Skelaxin. Work status is to return to modified work until 8-31-15. The requested treatment of Skelaxin 800mg #60 was not approved on 8-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg #60: 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: Per MTUS CPMTG p61, Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. With regard to muscle relaxants, the MTUS CPMTG p63 states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The medical records submitted for review indicate that the injured worker has been using this medication since at least 2/2015. He presents with neck and left shoulder pain, for which Skelaxin is not indicated. As Skelaxin is not recommended for long-term use, the request is not medically necessary.