

Case Number:	CM15-0066108		
Date Assigned:	04/13/2015	Date of Injury:	05/12/2009
Decision Date:	05/15/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54-year-old female patient who sustained an industrial injury on 05/12/2009. Diagnoses include lumbar sprain/strain. She sustained the injury due to repetitive activity of the left leg. According to the progress notes dated 2/25/15, she had complaints of ongoing low back pain. The physical examination of the lumbar spine revealed tenderness and no spasm; pain in the right buttock and low back with right leg raise to 90 degrees. The current medications list includes skelaxin, ibuprofen and norco. She has undergone left knee arthroscopic debridement and chondroplasty on 5/24/2012. She has had left knee MRI on 2/3/2012 which revealed degenerative changes. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg QTY: 50.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) page 61 Muscle relaxants (for pain) page 63.

Decision rationale: Request: Skelaxin 800mg QTY: 50.00. Skelaxin contains metaxalone. According to the California MTUS, Chronic pain medical treatment guidelines skelaxin is, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs." Any evidence of acute exacerbations or muscle spasm in this patient is not specified in the records provided. Muscle relaxants are not recommended for a long period of time. The level of the pain with and without medications is not specified in the records provided. The need for skelaxin on a daily basis with lack of documented improvement in function is not fully established. Skelaxin 800mg QTY: 50.00 is not medically necessary for this patient at this juncture.