

Case Number:	CM15-0066459		
Date Assigned:	04/14/2015	Date of Injury:	10/15/2012
Decision Date:	06/11/2015	UR Denial Date:	03/05/2015
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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female, who sustained an industrial injury on 10/15/12. She reported initial complaints of low back pain. The injured worker was diagnosed as having chronic pain syndrome; lumbosacral radiculopathy; muscle spasms; degeneration lumbar intervertebral disc; sacroiliitis; lumbago; myalgia; dysesthesia. Treatment to date has included physical therapy; chiropractic therapy; lumbar epidural steroid injection left L4-L5 and L5-S1 (2/10/15); medications. Diagnostics included MRI lumbar spine (11/28/12). Currently, the PR-2 notes dated 2/25/15 indicated the injured worker complains of low back pain. She has a history of chronic low back pain and left leg pain in the setting of lumbar degenerative disc disease with radiculopathy. She is in the office for a routine follow-up visit from a L4-5, L5-S1 transforaminal epidural steroid injection (2/10/15) which provided her a least 80% relief of symptoms and she is still benefiting at this time. She is not taking narcotics and reports without medications pain is 6/10 and with pain level is 4/10. She has also received chiropractic therapy. She continues numbness running down the left leg. There is 60% restriction of flexion, 80% restriction of extension, lateral bending is 30% restricted. She has positive left straight leg raise, normal motor sensory exam. A MRI lumbar spine (11/28/12), documents mild to moderate left paracentral and lateral disc protrusion and L5-S1 mild left lateralizing disc protrusion. The provider treatment plan included Skelaxin 800mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Antispasmodics, Muscle relaxants Page(s): 60-61, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants.

Decision rationale: Skelaxin is the brand name for metaxolone, which is a muscle relaxant class medication. According to MTUS guidelines, muscle relaxants are recommended for chronic pain for a short course of therapy for acute exacerbations. Muscle relaxants may be effective in reducing pain and muscle tension, but in most back pain cases they show no benefit beyond NSAIDs. Evidence indicates the greatest effect is seen in the first 4 days of treatment. MTUS also states that pain relief is generally temporary, and continued evaluation should include documentation improvement in function and increased activity. ODG also states that a short course of therapy is recommended, and that this medication should not be used with other agents. The treating physician does document that the patient reports decreased pain (6 to 4) and has improved function to include ADLs while on the medication. However, there minimal detail of the objective functional improvement, and physical exam continues to show significant findings. The medical documentation indicates that although this is the first request for this medication, the patient has been on muscle relaxants (Flexeril) for an extended period of time, far exceeding the short-term recommendation for treatment length. Therefore the request for Skelaxin (metaxolone) 800 mg #60, is not medically necessary.