MAXIMUS Federal Services

Case Number:	CM15-0067121		
Date Assigned:	04/14/2015	Date of Injury:	05/19/2007
Decision Date:	05/27/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/08/2015

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: 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 41-year-old male, with a reported date of injury of 05/19/2007. The diagnoses include symptomatic spondylolysis and spondylolisthesis at L5-S1, lumbar radiculopathy, low back pain, sacroiliac pain, lumbar degenerative disc disease, left lumbosacral strain, myofascial pain syndrome. Treatments to date have included Norco, lumbar epidural steroid injections, lumbar spine surgery, Neurontin, Vicodin, physical therapy, Metaxalone, an MRI of the lumbar spine, and Naprosyn. The medical report from which the request originates was not included in the medical records provided for review. The progress report dated 08/24/2009 indicates that the injured worker complained of low back pain. He rated the pain 8 out of 10. It was noted that the pain level remained unchanged since the last visit. The objective findings include an antalgic gait, restricted lumbar range of motion, tenderness to palpation of the paravertebral muscles on the right side, positive lumbar facet loading on both sides, positive right straight leg raise test, and decreased light touch sensation on the right side. The treating physician requested Skelaxin 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin Page(s): 63-66.

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic LBP. (Chou, 2007) (Mens, 2005) (VanTulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in injured workers driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008) According to the documents available for review, the injured worker has been utilizing Skelaxin for long-term treatment of chronic pain condition. This is in contrast to the MTUS recommendations for short-term treatment of acute exacerbations. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.