

Case Number:	CM15-0071178		
Date Assigned:	04/21/2015	Date of Injury:	07/09/2012
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/15/2015

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: Arizona, 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:

The injured worker is a 41 year old female who sustained an industrial injury on 07/09/2012. Diagnoses include chronic left shoulder pain, status post rotator cuff repair and biceps tenodesis, left shoulder adhesive capsulitis, lower trunk brachial plexus injury, status-post left shoulder manipulation and arthroscopic debridement, and status post cervical fusion on 10/06/2014. Treatment to date has included diagnostic studies, shoulder surgery, and cervical fusion on 10/06/2014, H-Wave use, and medications. A physician progress note dated 02/27/2015 documents the injured worker complains of persistent neck and shoulder pain along with upper extremity pain. Her pain is rated as 4 out of 5 for the left shoulder and 5 out of 10 for the neck. On examination there is tenderness and spasm noted at the cervical paraspinal muscles, and stiffness noted to the motion of the spine, and tenderness to the left posterior shoulder scapular region. She has pain with abduction and forward flexion of the shoulder. There is dysesthesia to light touch C7 dermatome. The treatment plan is for medication refills. Treatment requested is for Skelaxin 800mg 1 tab PO every 12 hours prn for pain and spasms #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg 1 tab PO every 12 hours prn for pain and spasms #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin Page(s): 61.

Decision rationale: According to the guidelines, Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. In this case, the claimant was on Skelaxin for several months in combination with Opioids. The claimant had neck and shoulder pain rather than predominantly low back pain. Continued and chronic use of Skelaxin is not medically necessary.