

<b>Case Number:</b>	CM15-0077153		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	07/16/1998
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Florida  
 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 58 year old female who sustained an industrial injury on 7/16/98. The mechanism of injury is unclear. She currently complains of worsening low back pain, right greater than left with right buttock and sciatic pain. She uses a cane for ambulation. Medications are Voltaren Gel, Ultram, Skelaxin, and Celebrex. Diagnoses include spinal injury; ankle sprain; ankle instability; fractured mid tarsal joints, right foot; right knee injury, recent arthroscopic surgery; chronic postsurgical myofascial low back and right buttock pain; sciatica due to chronic radiculopathy and right piriformis syndrome. Treatments to date include home exercise; medications; 4 trigger point injections to the right low back, left low back, right upper to mid gluteal muscles, myofascial release; physical therapy; right knee brace. The issues for Utilization Review dated 4/7/15 were Skelaxin and Tramadol. The note dated 9/14/14 indicates that the injured worker is on these medications but there is no plan of care indicating these medications in the records available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg:** 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 Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

**Decision rationale:** In accordance with the California MTUS guidelines, Skelaxin is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Skelaxin is not medically necessary.

**Tramadol 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this request is not considered medically necessary.