

Case Number:	CM15-0078726		
Date Assigned:	04/29/2015	Date of Injury:	06/17/2010
Decision Date:	06/12/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 39 year old female, who sustained an industrial injury on 6/17/10. The injured worker has complaints of right arm pain and mid back pain. The documentation noted that on examination the injured worker has decreased range of motion in right lower extremity and cervical range of motion is limited in extension and flexion. The diagnoses have included complex regional pain syndrome (CRPS); carpal tunnel syndrome and myalgia and myositis, unspecified. Treatment to date has included carpal tunnel surgery; injections; Tylenol #3 discontinued and tramadol started; skelaxin discontinued and zanaflex started; cymbalta and transcutaneous electrical nerve stimulation unit. The request was for metaxalone 800mg, #30, 2 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metaxalone 800mg, #30, 2 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Metaxalone 800mg #30 with 2 refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are status post right carpal tunnel release; and reflex sympathetic dystrophy of the right hand. The documentation shows Metaxalone 800 mg was prescribed as far back as November 5, 2014. Subjectively, according to a March 12, 2015 progress note, the injured worker complains of right hand, wrist, shoulder and cervical pain. Objectively, the physical examination was unremarkable. Range of motion of the fingers was full and complete. Muscle relaxants are recommended for short-term (less than two weeks). The treating provider exceeded the recommended guidelines by continuing Metaxalone in excess of four months. Additionally, there was no documentation of acute low back on exacerbation of chronic low back pain. There was no documentation of spasm in the record. Two refills were also not medically necessary. Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term use and no evidence of spasm and the normal physical examination, Metaxalone 800mg #30 with 2 refills is not medically necessary.