

Case Number:	CM15-0090451		
Date Assigned:	05/14/2015	Date of Injury:	06/29/2000
Decision Date:	06/18/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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:

Injured worker is a 69-year-old male who sustained an industrial injury on June 29, 2000. The injured worker previously received the following treatments left wrist x-ray, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities which showed mild sensory polyneuropathy right more than the left, cervical spine MRI, cervical spine x-ray, carpal tunnel splint, physical therapy, Nexium, Lidoderm patches, Lyrica, Lunesta, Fluoxetine, Docusate, Skelaxin, Nucynta, Trazodone, Lactulose and Norco. The injured worker was diagnosed with low back pain, left wrist pain, clinically consistent lumbar radiculopathy and lumbar facet pain. According to progress note of April 10, 2015, the injured workers chief complaint was persistent low back pain. The injured worker described the pain as achy pain with intermittent sharp shooting and stabbing pain radiation more to the right lower extremity. The injured worker rated the pain at 8-9 out of 10 in severity without medications and 4-5 out of 10 with pain medications. The injured worker continued to have difficulty sleeping due to persistent pain. Skelaxin helped with muscle tightness and spasms. The physical exam noted the muscular skeletal was positive for pain. There were spasms of the paraspinal muscles and stiffness in the lumbar spine. There was tenderness noted at the lumbar facet joints. The lumbar spine forward flexion was 35 degrees, which aggravated the pain. Dysesthesia noted to light touch in the right lower extremity in the L5 and S1 dermatome. The injured worker uses a cane for ambulation. The bilateral lower extremity strength was 5 out of 5 bilaterally. The straight leg raises aggravated the low back pain on the right side without radiation to the lower extremities. The treatment plan included a prescription for Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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. The claimant had been on opioids and topical analgesics along with the Skelaxin. The pain level was 8/10 without documentation of the pain score reduction with medication. The long-term use of Skelaxin is not recommended and benefit attributed to Skelaxin cannot be determined. Continued use of Skelaxin is not medically necessary.