

Case Number:	CM15-0095080		
Date Assigned:	07/15/2015	Date of Injury:	10/30/2004
Decision Date:	08/17/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/18/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female who sustained an industrial injury on 10/30/14 after transferring a resident. She experienced onset of right shoulder pain. She was evaluated and prescribed physical therapy. She currently complains of right shoulder pain with a pain level of 6/10. On physical exam there was mild tenderness to palpation over the right trapezius muscle and right lateral acromion with decreased range of motion, Hawkin's, Neer's, supraspinatus tests were positive on the right. Medications were Relafen, Flexeril, Colace, Tyleno with Codeine for breakthrough pain. Diagnoses were right shoulder impingement syndrome with history of traumatic right rotator cuff tear; trapezius and rhomboid strain. Treatments to date include steroid injection right shoulder (#3, 7/13/05), she had a total of four injections which provided temporary relief; home exercise program; ice; heat; physical therapy without benefit. Diagnostics include MRI of the right shoulder (12/2/04) showed tendinopathy, partial tear in biceps region, degenerative changes. In the progress note dated 3/31/15 the treating provider's plan of care includes a request for Skelaxin 800 mg to decrease muscle spasm.

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 ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 212, 299.

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

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Skelaxin 800mg. The treating physician states in the report dated 3/31/15, Prescription for Skelaxin 800mg twice a day to decrease muscle spasm, which is a muscle-relaxant with less sedative side-effects, so often times patient can tolerate during the day. (20B) The MTUS guidelines state, Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. In this case, the treating physician has not documented a quantity for this initial prescription of Skelaxin. The MTUS guidelines only support a short course of this medication and an open ended prescription is not supported by MTUS. The current request is not medically necessary.