

Independent Medical Review Final Determination Letter

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Dated: 1/17/2014

IMR Case Number:	CM13-0002412	Date of Injury:	03/30/2004
Claims Number:	██████████	UR Denial Date:	06/19/2013
Priority:	STANDARD	Application Received:	07/22/2013
Employee Name:	██		
Provider Name:	██		
Treatment(s) in Dispute Listed on IMR Application:			
SKELAXIN 800MG			

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, ██████████

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old female who reported an injury on 03/30/2004. The patient has diagnoses of shoulder pain, rotator cuff disorder on the right side, and wrist pain. Her medications are listed as Lidoderm 5% patches apply for 12 hours per day, Skelaxin 800 mg take one 4 times a day as needed, ibuprofen 600 mg take one 3 times a day, Neurontin 300 mg take 1 to 2 at bedtime, and Vicodin 5/500 take 1 daily as needed. Objective findings included tenderness to palpation of the right trapezius with restricted and painful range of motion. The right wrist examination revealed positive Tinel's sign with tenderness to palpation over the distal radioulnar joint.

IMR DECISION(S) AND RATIONALE(S)

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

1. Skelaxin 800mg tabs is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Metaxalone (Skelaxin), page 61.

The Physician Reviewer's decision rationale:

The California MTUS Guidelines state that metaxalone, or Skelaxin, is recommended with caution as a second line option for short-term pain relief in patients with chronic low back pain. The clinical information submitted did not include documentation of first line medications that were tried prior to Skelaxin. In addition, the patient is also noted to be taking multiple other medications for pain. The documentation also did not detail the patient's response to this medication to support objective improvement to support continuation. With the absence of this documentation, the request for Skelaxin 800mg tabs is not supported and is non-certified.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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[REDACTED]

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