

<b>Case Number:</b>	CM14-0140156		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

Medical records reflect the claimant is a 48 year old female who sustained a work injury on 4-27-11. The claimant injured her right shoulder, elbow and wrist. The claimant is status post right shoulder surgery and right lateral release and carpal tunnel release. Past treatment also includes acupuncture. Office visit on 8-11-14 notes the claimant continues with pain to the right upper extremity and right shoulder. The claimant is being treating with medications. On exam, the claimant has right wrist tenderness to palpation, right elbow tenderness to palpation over the lateral epicondyle and ulnar nerve. Positive Tinel's testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Skelaxin 800 Mg Q6 Po Quantity Of 60 Related To Right Shoulder Injury: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-<https://www.acoempracguides.org/shoulder>; Table 2, Summary of Recommendations, Shoulder Disorders ACOEM-<https://www.acoempracguides.org/Elboe>; Table 2, Summary of Recommendations, Elbow Disorders ACOEM-<https://www.acoempracguides.org/Hand and Wrist>; Table 2, Summary of Recommendations, Hand and Wrist Disorders ACOEM-<https://www.acoempracguides.org/Chronic Pain>; Table 2, Summary of Recommendations, Chronic Pain Disorders

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxers Page(s): 63-67. Decision based on Non-MTUS Citation Pain chapter - muscle relaxants

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG do not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence in documentation noting muscle spasms. Therefore, the medical necessity of this request is not established.