

<b>Case Number:</b>	CM13-0005159		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/09/2003
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### 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 Cardiology 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 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.

### 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 patient is a 51-year-old male who reported an injury on 04/09/2003. Mechanism of injury information was not provided within the medical records. Per the patient's most recent clinical document dated 07/05/2013, the patient's diagnoses included failed back syndrome of the lumbar spine, ICD9 code 722.83; radiculopathy of the lumbar spine, ICD9 code 724.4; and spasms of muscle, ICD9 code 728.85. Clinical note dated 07/25/2013 reports the patient was continuing to complain of tightness and spasm to his low back. He states that the Skelaxin helped when he takes it, but he had noticed that he would experience restless legs on occasion after taking this medication. It states that the medication interfered with his overall sleep restoration. The patient continued to perform heating, exercise, and stretches to help reduce his spasms. The patient's medication regimen included Aleve as needed, Zegerid over-the-counter, multivitamins, Skelaxin 800 mg tablets once - twice a day for 30 days, Cymbalta 20 mg 1 tablet 3 times a day, Kadian 80 mg extended release 1 tablet daily, and Norco 10/325 1 tablet twice a day. Physical examination revealed palpable twitch, positive trigger points were noted in the muscles of the head, neck, and thoracic paraspinal muscles. Range of motion of the thoracic spine was normal with both flexion and extension without pain. There was noted guarding with flexion and extension. Assessment of the lumbar spine revealed there was pain noted over the lumbar intervertebral space or on palpation. Palpable twitch positive trigger points are noted in the lumbar paraspinal muscle. The patient's gait appears to be normal, but guarded, of lumbar and thoracic spine. Motor strength is grossly normal. Anterior lumbar flexion causes, and flexion of the lumbar spine is noted to be at 60 degrees, and extension of the lumbar spine is noted to be at 15 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin®) and Muscle relaxants (for pain) Page(s): s 61, 63-65.

**Decision rationale:** Per California MTUS Guidelines, muscle relaxants are recommended with caution as a secondary option for short-term treatment of acute exacerbations of acute pain. Long-term use is not indicated. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain, and overall improvement. Review of the medical records shows that the patient states as taking the requested medication did cause him restless leg syndrome and interfered with his ability to sleep well at night. The use of the requested medication is causing discomfort to the patient, and per guidelines is recommended for acute exacerbations. The patient's condition is chronic. As such, the request for Skelaxin 800 mg 60 tablets is non-certified.