

<b>Case Number:</b>	CM13-0013737		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/29/2008
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 71 year old female with date of injury 01/29/08. The listed diagnoses per [REDACTED] dated 05/08/13 are: 1. Status post left distal radius fracture with persistent severe neuropathic pain consistent with complex regional pain syndrome 2. Status post radial carpal fusion as subsequent joint replacement of the left wrist 3. Left de Quervain's disease status post release 4. Left thumb trigger finger status post release 5. Right thumb tendonitis 6. Bilateral carpal tunnel and ulnar neuropathy 7. Chronic pain syndrome According to progress report dated 05/08/13 by [REDACTED], the patient presents with persistent chronic severe pain in her wrist and hand that radiates into the forearm and up to her shoulder. She describes her pain as burning and shooting pain. She continues to complain of cramping and muscle spasm in the left upper extremity. Physical examination shows range of motion of the left wrist is restricted by 75%. There is diffuse tenderness over the dorsal aspect of the left wrist and a non-dermatomal decrease in sensation to light touch and pinprick. Patient currently take Vicodin ES, Naproxen 550mg, Skelaxin 800mg, and Omeprazole 20mg. The request under dispute is for Skelaxin

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Metaxalone 800mg #60/30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 61, 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** This patient presents with chronic severe pain in her wrist and hand that radiates into the forearm and shoulder. Treater is requesting a refill of Metaxalone 800mg for muscle spasms. Utilization review dated 08/20/13, denied the request stating that the "documentation did not indicate how long the patient has been taking this medication." Review of reports from 01/11/13 to 06/05/13 shows that the patient has been on this medication since 01/11/13. MTUS guidelines page 61, recommends non-sedating muscle relaxants with caution as a second-line option for short-term use. Long-term use of Skelaxin is not recommended per MTUS guidelines. Recommendation is denial.