

<b>Case Number:</b>	CM13-0051022		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/06/1999
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Neurology 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:

██████████ is a 41-year-old man who sustained a work-related injury on April 6, 1999. He subsequently developed chronic back pain. The patient underwent an L4-S1 stabilization surgery 2008. According to the progress note dated September 24, 2013, the patient was reported to have the chronic back pain, myofascial pain with sleep and mood disorder. The patient was previously treated with pain medications including opioids and muscle relaxation medications. The provider requested authorization to use skelaxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One skelaxin 800 mg Tab #60 with 5 refills for the lumbar spine disorder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Flexeril a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm

and the prolonged use of skelaxin is not justified. The request of skelaxin 800 mg Tab #60 with 5 refills for the lumbar spine disorder is not medically necessary.