

<b>Case Number:</b>	CM13-0051613		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/10/2004
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 & Rehabilitation 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 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:

The patient is a 56-year-old male who reported an injury on 02/10/2004. The patient was reportedly injured when he was struck by a tractor on his right side at work and then fell. His diagnoses include a left medial meniscus tear and left chondromalacia of the patella. His medications were noted to include Naprosyn 500 mg twice a day and Skelaxin 800 mg twice a day. His symptoms include moderate stiffness, swelling, and pain in his left knee. Objective findings include minor decrease in extension, mild varus, trace effusion, and tenderness over the medial joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF SKELAXIN 800MG #200 WITH ONE REFILL BETWEEN 10/9/2013 AND 12/16/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** According to the California MTUS Guidelines, non-sedating muscle relaxants may be recommended as a second line option for short courses of therapy. The

Guidelines also state that use of muscle relaxants has shown no benefit beyond NSAIDs in pain and overall improvement and evidence shows that there is no additional benefit shown in combination with NSAIDs. Further, the efficacy of muscle relaxants appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The clinical information submitted for review indicates that the patient has been utilizing Skelaxin for at least 15 months. Further, he is noted to also be taking Naprosyn, an NSAID. As the Guidelines do not recommend the long-term use of muscle relaxants and as evidence has shown that there is no additional benefit with a combination of muscle relaxants and NSAIDs, the continued use of Skelaxin is not supported by evidence-based guidelines. Therefore, the request for one prescription of Skelaxin 800 mg #200 with one refill is not medically necessary and appropriate.