

<b>Case Number:</b>	CM13-0059299		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/15/2003
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 and 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 injured worker is a 44-year-old female who reported an injury on 03/15/2003. The mechanism of injury was not provided for the clinical review. The diagnoses included a lumbar strain with radiculopathy to the right lower extremity. Previous treatments included a transcutaneous electrical unit, medications and home exercise. Within the clinical note dated 11/18/2013, it was reported that the injured worker complained of pain in her low back. She rated her pain at a 6/10 in severity. The injured worker complained of pain at the bottom of her right foot. Upon the physical examination of the lumbar spine, the provider noted slight paralumbar muscle spasms and mild tenderness. He indicated that flexion of the lumbar spine was at 80 degrees and extension at 80 degrees. The provider noted that the injured worker had a positive straight leg raise test on the right at 80 degrees. On examination of the right foot, the provider indicated that the injured worker had mild tenderness to the medial ankle and midsole of the right foot. The tenderness was also in the mid calf region. Range of motion of the right foot was normal in flexion and extension. The provider requested Skelaxin for muscle spasms. The Request for Authorization was not provided for the clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SKELAXIN 800MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for the short-term treatment of acute exacerbations in injured workers with chronic low back pain. The guidelines note that the medication is not recommended to be used for longer than 2 to 3 weeks. 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 nonsteroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been utilizing the medication for an extended period of time, since at least 10/2012, which exceeds the guideline recommendations for short-term use for 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.