

<b>Case Number:</b>	CM13-0072187		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/27/1996
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Illinois. 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 63 year-old female who reported an injury on 02/27/1996 and the mechanism of injury was not provided in the medical records. The patient's current diagnosis is neck sprain. The patient has experienced ongoing chronic pain in the cervical area. The patient's prior treatments include medication and trigger point injections. The clinical note on 10/30/2013 the patient reported her pain is stable averaging 1/10 over the last 5 days and occasionally it goes up to 4/10. On the cervical examination she demonstrated decreased range of motion, tenderness, and no spasms we present. The current treatment plan is Metazalone 800mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METAZALONE 800MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin®) Page(s): 61,63.

**Decision rationale:** The California MTUS guidelines indicate Metaxalone (Skelaxin®) is recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. Metaxalone is a muscle relaxant that is reported to be relatively non-

sedating. The information provided indicated the patient's pain is 1/10 and occasionally up to 4/10 and there were no spasm noted on examination. The recommended dosage is 800 mg three to four times a day. The request provided fails to indicate the dosage of the medication. Therefore, the information provided fails to indicate why the medication is needed there was minimal pain and no spasms were indicated. The request for Metazalone 800mg is not medically necessary.