

<b>Case Number:</b>	CM14-0008746		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	01/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 49-year old female patient with on 5/10/10 date of injury. She injured herself when cut her finger and infected with Methicillin-resistant Staphylococcus aureus (MRSA) infection. On 2/14/14 there was a progress report indicated that the patient had pain in bilateral upper extremities and the top of the right foot. She had difficulty with sleep. There was noted that the patient had worsening of depression and anxiety after injury. She was not able to handle her daily living duties. Physical examination revealed atrophy of distal muscles in the upper extremities consistent with her Reflex Sympathetic Dystrophy (RSD) diagnosis. She reported that have gastric reflux. The patient stated that with medication, her pain decreased from 9/10 to 7-8/10. She was diagnosed with left index finger methicillin resistant staphylococcus, resolved, complex regional pain syndrome, depression and anxiety; sleep problems, generalized weakness, and deconditioning, recent onset of gastroparesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SKELAXIN:** Overturned

**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.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP), however, in most LBP cases; they show no benefit beyond NSAIDs in pain and overall improvement. The patient presented with pain in the bilateral upper extremities, and sleep disorder. However, there was documentation to support that the patient had gastroparesis and was not able to take first line therapy with NSAIDs. In addition, it seems that Skelaxin is a new prescription. Therefore, the request for SKELAXIN was medically necessary.