

<b>Case Number:</b>	CM14-0108662		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Occupational Medicine 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 36-year-old male who has submitted a claim for reflex sympathetic dystrophy of the leg associated with an industrial injury date of August 10, 2011. Medical records from 2013-2014 were reviewed. Little information was provided. Previous utilization review dated July 1, 2014 was used instead. On a note dated January 31, 2014, the patient had reflex sympathetic dystrophy symptoms. There were increased symptoms at the end of the day and with increased activity. His ankle was getting stiff and was also getting cramps up into the calf musculature. Very light touch was extremely painful over the entire lower extremity from the knee down. Physical examination showed mild swelling of the foot with slight discoloration. There was a well-healed surgical scar on the left ankle. The toes of the left foot were curled under and locked. There was limited left ankle range of motion and there was diffuse pain to light touch on the left foot. Imaging studies were not available. Treatment to date has included Norco, Skelaxin, lumbar epidural block, and lumbar sympathetic blocks. Utilization review, dated July 1, 2014, denied the request for retro 01/31/14 - Skelaxin 800mg qty: 90.00 because it is not recommended for long-term use, no muscles spasms were documented, and there was no documentation of functional improvement from its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO 01/31/14 SKELAXIN 800 MG QTY 90.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Page(s): 61, 65.

**Decision rationale:** As stated on pages 61 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, metaxalone (Skelaxin) is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. It is reported to be a relatively non-sedating muscle relaxant. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In this case, the patient was taking Skelaxin since at least January 2014. Physical examination showed that the toes of the left foot were curled under and locked. This may indicate muscle spasms. However, the documentation did not clearly indicate the length of time the patient has been using Skelaxin. It was also not specified if the patient has been taking this medication on as needed basis only for acute flares of muscle spasms. Furthermore, there was no objective evidence of functional improvement documented from prior use. The medical necessity has not been established. Therefore, the request for Retro 01/31/14 Skelaxin 800 mg qty 90.00 is not medically necessary.