

<b>Case Number:</b>	CM14-0129152		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 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 injured worker is a 36 year old male with date of injury of 1/7/14 with related neck and right shoulder pain. Per progress report dated 5/22/14, the injured worker rated his pain 8/10 in intensity and described it as sharp, aching, and throbbing. Per physical examination, cervical range of motion was decreased, tenderness was present in the cervical paravertebral region on the right, and Spurling test was positive bilaterally. The right shoulder was tender at the supraspinatus muscle, range of motion was restricted, positive Neer and Hawkins', and positive supraspinatus test. Diminished sensation was noted in the right upper extremity as well as decreased grip strength. Treatment to date has included physical therapy and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 61, Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. With regard to muscle relaxants, the MTUS Chronic Pain Medical Treatment Guidelines page 63 states: "Recommend 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." The medical records submitted for review do not document an acute exacerbation of low back pain. The request is not medically necessary.