

<b>Case Number:</b>	CM14-0091584		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/13/1990
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 13, 1990. Thus far, the applicant has been treated with analgesic medications; attorney representations; earlier lumbar laminectomy surgery; unspecified amounts of physical therapy; and muscle relaxants. In a utilization review report dated May 30, 2014, the claims administrator partially certified a request for Skelaxin 800 mg #90 as Skelaxin 800 mg #30, reportedly for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated June 18, 2014, the applicant was placed off of work, on total temporary disability. Complaints of severe pain, 9/10 were noted. In another section, the attending provider stated that the applicant was reporting some analgesia with medications. This was not quantified. Duragesic, Norco, Skelaxin, Zantac, Cymbalta, Flector, and Tegaderm were endorsed while the applicant was placed off of work, on total temporary disability. In an earlier note dated May 21, 2014, the applicant was described as using Duragesic, Norco, Skelaxin, Zantac, Voltaren, Cymbalta, Flector, and Tegaderm, it was further noted. The applicant reported a pain score of 9/10 on this occasion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg #90:** Upheld

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

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

**Decision rationale:** As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Skelaxin are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, however, the attending provider is seemingly endorsing Skelaxin for chronic, long-term, and daily use purposes, as suggested by the 90-tablet supply at issue here. It is further noted that the request in question does represent a renewal request for Skelaxin and that the applicant has, furthermore, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the same. The applicant remains off of work, on total temporary disability. The applicant continues to report pain in the 8-9/10 range despite ongoing Skelaxin usage. The applicant remains highly reliant on opioid agents such as Duragesic and Norco, despite ongoing usage of Skelaxin. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.