

<b>Case Number:</b>	CM14-0091854		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/15/1999
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Physical Medicine and Rehabilitation 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 55-year-old female who reported an injury on 06/15/1999. The mechanism of injury was not stated. Current diagnoses include opioid dependence and lumbar post-laminectomy syndrome. The injured worker was evaluated on 02/14/2014 with complaints of left-sided low back pain. The current medications regimen includes Cymbalta, gabapentin, omeprazole, Skelaxin, and suboxone. Physical examination revealed tenderness to palpation over the facet joints and SI joints on the left, palpable trigger points, 1+ muscle spasm, limited lumbar range of motion, and negative straight leg raising. Treatment recommendations included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg bid #60; 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy

appears to diminish over time and prolonged use may lead to dependence. The injured worker has utilized this medication since 11/2013. The injured worker continues to demonstrate palpable muscle spasm and trigger points. There is no documentation of objective functional improvement. California MTUS Guidelines do not recommend long term use of muscle relaxants. As such, the request is not medically necessary.