

<b>Case Number:</b>	CM14-0200404		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	10/11/2004
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old male with a work related low back and bilateral lower extremity injury dated 10/11/2004 when trying to prevent sterilized equipment from falling while working as a sterile processing technician. According to a visit note dated 11/13/2014, the injured worker presented with complaints of ongoing low back and bilateral lower extremity pain. Diagnoses included lumbago, facet syndrome, and drug dependence. Treatments have consisted of lumbar surgery, back brace at physical therapy, and medications, with history of aberrant drug screen. Diagnostic testing included recent urine drug screen from last visit which was noted as being compliant. Work status is noted as off work. On 11/21/2014, Utilization Review non-certified the request for Skelaxin 800mg, 1 bid (twice daily) #60, refills: 2 citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated the guidelines do not suggest that this treatment is likely to be effective in the chronic timeframe for which this request has been made. The telephone discussion and the treatment guidelines do not provide clinical reasoning to conclude that this medication would likely be effective in contrast to the guidelines. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800 MG Sig: 1 Twice A Day #60 with 2 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

**Decision rationale:** The patient presents with ongoing, worsening lower back pain with weakness and pain extending to the left leg down to the foot. There is parathesias in the bilateral feet. The current request is for SKELAXIN 800 mg SIG 1 bid #60 REF:2 per the 11/14/14 RFA. As of 10/08/14 the patient is reported off work until 12/15/14. MTUS page 61 states this medication is, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP." "Metaxalone is a muscle relaxant that is reported to be relatively non-sedating." The treater does not discuss this medication in recent reports provided. Skelaxin is indicated for lower back pain which is documented for this patient and it does appear to be a second line option as Opioids and an NSAID are prescribed. However, guidelines state use is for short-term pain relief, and the patient has been prescribed the medication since at least 09/18/14 to 11/13/14. Furthermore, the request for #60 with 2 refills does not suggest short term use. In this case, the request IS NOT medically necessary.