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| <b>Case Number:</b>   | CM14-0210651 |                              |            |
| <b>Date Assigned:</b> | 12/18/2014   | <b>Date of Injury:</b>       | 04/09/2002 |
| <b>Decision Date:</b> | 02/13/2015   | <b>UR Denial Date:</b>       | 12/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/16/2014 |

### 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 Emergency 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:

Patient with reported date of injury on 4/9/2002. Mechanism of injury is reported from being assaulted while at work. Patient has a diagnosis of low back pain, lumbosacral radiculitis, lumbosacral spondylosis, lumbosacral degenerative disc, neck pain, cervical post-laminectomy syndrome, thoracic back pain, neck spasms. ulnar neuropathy, indigestion and chronic pain. Medical reports reviewed. Last report available until 11/25/14. Patient complains of shoulder, neck, upper, mid and lower back pain. Also has bilateral knee pain. Pain is 5/10 and is stable. Objective exam reveals normal gait. Tenderness to entire spine and back with limited range of motion. Muscle spasms noted. Medications reportedly helping. MRIs of cervical and lumbar spine dated 4/28/14 and 5/29/14 respectively, were reviewed. Medications include Carisoprodol, Norco, Piroxicam, Voltaren gel and Zegerid. Patient has had reported multiple radio frequency neurotomies and blocks. Independent Medical Review is for Skelaxin 800mg #30. Prior Utilization Review on 12/15/14 recommended non-certification. It approved Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg Qty: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

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

**Decision rationale:** As per MTUS chronic pain guidelines, Skelaxin or Metaxalone is a second line muscle relaxant. Recommendation is only for short term use. Patient has been on this medication chronically which is not recommended. Skelaxin is not medically necessary.