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| <b>Case Number:</b>   | CM15-0000646 |                              |            |
| <b>Date Assigned:</b> | 01/12/2015   | <b>Date of Injury:</b>       | 01/05/2013 |
| <b>Decision Date:</b> | 03/13/2015   | <b>UR Denial Date:</b>       | 12/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/02/2015 |

### 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:

The injured worker is a 50 year old male, who sustained an industrial injury on 01/05/2013. He has reported back pain that sometimes radiates to the lower extremities. The diagnoses have included lumbago, myofascial pain syndrome, and bilateral sciatica. Treatment to date has included x-rays, activity restrictions, medications, physical therapy home exercises. Currently, the IW complains of back that radiates up to the neck and down into the left leg. The x-rays of the thoracic and lumbar spine, hips and pelvis (05/14/2013) were negative for acute abnormalities. The UR submitted indicated that MRIs of the lumbar spine and the hip and pelvis were authorized, but these results were not submitted or discussed in the clinical notes. Previous treatments have included 9 sessions of physical therapy and multiple medications including long term use of pain medication and muscle relaxants. On 12/04/2014, Utilization Review non-certified a prescription for Skelaxin 800 mg of unspecified quantity, noting long term use and the lack of functional improvement, The MTUS Chronic Pain guidelines were cited. On 01/02/2015, the injured worker submitted an application for IMR for review of Skelaxin 800 mg of unspecified quantity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg:** Upheld

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

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

**Decision rationale:** The 50 year old male patient, date of injury 01/05/13 presents with neck pain and back pain radiating to lower extremity. The request is for SKELAXIN 800MG. The request for authorization is not available. Submitted progress reports have minimal information, handwritten and difficult to read. Patient states pain increases with activities and is interfering with his sleep. Patient's current medications include Skelaxin, Tylenol and Alleve. Per progress report dated 10/14/14, X-rays of the C-spine, left knee, femur and tibia shows no acute changes. Patient is temporarily totally disabled. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." For skelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Treater has not provided reason for the request. MTUS recommends Skelaxin for short-term relief in patients with chronic LBP. However, Skelaxin was prescribed in progress reports dated 03/10/14 and 10/14/14, which is more than 7 months. Furthermore, the request for unspecified quantity does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.