

<b>Case Number:</b>	CM15-0008709		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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:

This male was injured 5/24/10 in an industrial accident resulting in low back pain. Currently he is experiencing pain and cramping in his left calf. He had been on Neurontin, ibuprofen, pericollace and metaxalone. He has been without medication for one month as insurance company denied them. He does use metaxalone as needed for chronic pain. His diagnoses are chronic lumbosacral strain with left lumbosacral radiculopathy; L4-5 and L5-S1 degenerative disc disease; left S1 radiculopathy; non-industrial diabetes mellitus. Treatments are independent exercises, ice, heat, acupuncture and transcutaneous electrical nerve stimulator unit. The treating physician requested metaxalone for chronic pain. On 12/30/14 Utilization Review non-certified the request for metaxalone 800 mg #120 citing MTUS: Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metaxalone 800 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy of muscle relaxants in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use. The Metaxalone 800 mg #120 is not medically necessary and appropriate.