

<b>Case Number:</b>	CM15-0009222		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/13/2008
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/31/2014
<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:

The injured worker is a 58 year old male, who sustained an industrial injury on March 13, 2008. The injured worker has reported bilateral lower neck pain and bilateral shoulder pain. The diagnoses have included bilateral cervical facet point pain, bilateral carpal tunnel syndrome, cervical post laminectomy syndrome and moderate to severe cervical stenosis. Treatment to date has included pain medication, MRI of the cervical spine, bilateral cervical rhizotomy, cervical joint medial branch block, cervical laminectomy, left shoulder surgery and physical therapy. Current documentation dated December 16, 2014 notes that the injured worker complained of bilateral lower neck pain and bilateral shoulder pain. The pain was rated a five out of ten on the Visual Analogue Scale. Physical examination of the cervical spine revealed spasms and tenderness to palpation over the paraspinal muscles. Cervical range of motion was restricted by pain. Cervical discogenic provocative maneuvers and nerve root tension signs were positive. On December 31, 2014 Utilization Review modified a request for Skelaxin 800 mg # 90 with no refills. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On January 15, 2015, the injured worker submitted an application for IMR for review of Skelaxin 800 mg # 90 with no refills.

### 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 Skelaxin Page(s): 61.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 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 Skelaxin 800mg is not medically necessary and appropriate.