

<b>Case Number:</b>	CM15-0009635		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/02/2008
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 35 year old female, who sustained an industrial injury on 2/2/2008. Documentation regarding initial injury not submitted for this review. The diagnoses have included lumbar degenerative disc disease, status post decompression and fusion L4-5 and L5-S1, bilateral lumbosacral radiculitis, pain related depression/insomnia/and possible neurogenic leakage incontinence. Medical records documented treatment to date has included medications and requests for gym memberships for exercise and aqua exercise. Currently, the IW complains of chronic low back pain with radiation to bilateral lower extremities and frequent muscle spasms associated with chronic pain. Pain is rated 6-7/10 VAS with 60% reduction of pain and spasms with use of medications. Physical examination documented significant tenderness and spasms in bilateral lumbar regions, with extension to bilateral buttocks and sacrum and positive bilateral straight leg test. On 1/9/2015 Utilization Review non-certified Skelaxin 800mg QTY# 270, noting the documentation did not support medical necessity for use of the medication. The MTUS Guidelines were cited. On 1/16/2015, the injured worker submitted an application for IMR for review of Skelaxin 800mg QTY# 270.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg, #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Skelaxin Page(s): 63, 65.

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

**Decision rationale:** The request is for Skelaxan (muscle relaxant) for 90 tablets with 2 refills. The injury was on 02/02/2008. Long term treatment with muscle relaxants is not consistent with MTUS guidelines. Efficacy is limited over time and also potential adverse effects are present that limit physical and mental functionality. Skelaxan is not medically necessary for this patient.