

<b>Case Number:</b>	CM15-0136348		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	07/04/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 28 year old male, who sustained an industrial injury on July 4, 2014. He reported neck, left shoulder, right wrist and upper, mid and low back pain. Treatment to date has included medications, physical therapy, home exercise program and TENS unit. Currently, the injured worker complains of neck and upper, mid and low back pain as well as left shoulder and right wrist pain. He also reports left trapezius and cervical muscle pain. The injured worker is currently diagnosed with cervical pain, shoulder pain, low back pain and knee pain. His work status is modified duty. In a progress noted dated May 27, 2015, it states the injured worker experiences efficacy from pain mediation and reports it decreases from 8 on 10 to 6 on 10. It also states, that the injured worker is able to engage in activities of daily living and experience improved function from his medication regimen. The note also states the injured worker experienced moderate pain relief and improved ability to function from physical therapy. It further states spasms are noted in the left trapezius muscle. The medication, Skelaxin 800 mg #60 (retrospective May 7, 2015) is requested to continue to combat muscle spasms experienced by the injured worker. Per the note dated 6/24/15 the patient had complaints of pain in cervical and thoracic region at 5-7/10. Physical examination of the upper back revealed unable to turn head due to pain and stiffness, tenderness on palpation, hypertonicity, muscle spasm, trigger point. Physical examination of the left shoulder revealed tenderness on palpation, limited range of motion and positive Hawkin, speed and empty can test. The medication list include Celebrex, Naproxen, Skelaxin, Colace and Voltaren gel. The patient had used a TENS unit for this injury . The patient had received an unspecified number of PT visits for this injury. Any surgical or procedure note related to this injury was not specified in the records provided. Any

diagnostic imaging report was not specified in the records provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Skelaxin 800mg tablet #60 (5/7/15): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

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

**Decision rationale:** Per the CA MTUS chronic pain treatment guidelines cited below Metaxalone (Skelaxin) is "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by [REDACTED] under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Per the cited guidelines, regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In a progress noted dated May 27, 2015, it states the injured worker experiences efficacy from pain medication and reports it decreases from 8 on 10 to 6 on 10. It also states, that the injured worker is able to engage in activities of daily living and experience improved function from his medication regimen. The note also states the injured worker experienced moderate pain relief and improved ability to function from physical therapy. It further states spasms are noted in the left trapezius muscle. Physical examination of the upper back revealed unable to turn head due to pain and stiffness, tenderness on palpation, hypertonicity, muscle spasm, trigger point. Physical examination of the left shoulder revealed tenderness on palpation, limited range of motion and positive Hawkins, speed and empty can test. The muscle relaxants are recommended for short term use, in acute exacerbations in chronic pain. The patient condition is such that he may have significant exacerbations of chronic pain. He is already being treated with NSAIDS like Naproxen and Celebrex. It is deemed that the use of a non sedating muscle relaxant like skelaxin, as an adjunct for short term use for acute exacerbations of the chronic pain, is medically appropriate and necessary. The request for Retrospective Skelaxin 800mg tablet #60 (5/7/15) is medically necessary and appropriate for this patient at this time.