

<b>Case Number:</b>	CM15-0138751		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	12/14/2000
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: California, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 51-year-old male with an industrial injury dated 12/14/2000. The injured worker's diagnoses include lumbar radiculopathy, lumbar spine degenerative disc disease and low back pain. Treatment consisted of prescribed medications, transforaminal epidural steroid injection (ESI) and periodic follow up visits. In a progress note dated 06/08/2015, the injured worker reported lower backache. The injured worker rated pain a 3/10 with medications and an 8/10 without medications. Objective findings revealed restricted lumbar range of motion and bilateral tenderness to palpitation of lumbar paravertebral muscles. The treatment plan consisted of medication management, chiropractic therapy and transcutaneous electrical nerve stimulation (TENS) unit. The treating physician prescribed Skelaxin 800mg #45 with 2 refills for muscle spasms, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg #45 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

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

**Decision rationale:** Per MTUS CPMTG p61, Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. With regard to muscle relaxants, the MTUS CPMTG p63 states: "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 medical records submitted for review indicate that the injured worker has been using this medication since at least 4/2014. As Skelaxin is not recommended for long-term use the request is not medically necessary." It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.