

<b>Case Number:</b>	CM15-0148682		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	03/11/2005
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 37-year-old female, who sustained an industrial injury on 3-11-2005. Diagnoses include chronic pain, Piriformis syndrome and lower back pain. Treatment to date has included diagnostics, medications and Botox injections. Per the Primary Treating Physician's Progress Report dated 6-11-2015, the injured worker reported that her hip pain was getting worse. She was unable to lie on her left side at all. She thinks that her pelvis is tilted; she notes that she can walk one way on a curved street, but walking back the same way is very painful. Physical examination revealed her left shoulder is approximately 2cm higher than her right shoulder. It also looks like the left pelvic rim is a little higher (1-2cm) than the right side. The plan of care included x-rays, physical therapy and referral to a specialist for possible injections. Authorization was requested for Metaxalone 800mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metaxalone tab800mg #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 2005 injury. Additionally, the efficacy 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 progressive deteriorating 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 as the patient remains unchanged. The Metaxalone tab 800 mg #60 with 1 refill is not medically necessary and appropriate.