

<b>Case Number:</b>	CM15-0149068		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, 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 43 year old female who sustained an industrial injury on 09-20-2013. She reported immediate onset of pain in the right shoulder as well as increased pain in her neck and low back as a result of a fall. She was initially diagnosed with right shoulder strain, right leg contusion, right forearm abrasion and right trapezius strain. Treatment to date has included medications, physical therapy, steroid injection to the right shoulder and right shoulder surgery. According to an agreed medical evaluation dated 04-21-2015, current symptoms included neck pain with some radiation of pain up to the occipital region, headaches daily, right shoulder pain with occasional radiation into the lateral mid-brachium and low back pain with intermittent radiation into her bilateral lower extremities with some occasional numbness and tingling in both feet. She reported that she had some difficulty and pain when putting on her shoes and socks, when opening a new carton of milk and when rising up from a chair. She had much difficulty when bathing her lower extremities, when making meals, when walking on uneven ground or climbing a flight of stairs, when performing light housework and when shopping and getting in and out of a car. She awakened from sleep one to two times per night by her pain symptoms. Current medications included Norco, Lyrica, Metaxalone, Zolpidem, Omeprazole, Lidocaine patches, Pulmicort, Combivent, Loratadine, Ibuprofen, Aspirin and multivitamins. Allergies included Penicillin, Neurontin, Morphine, Benadryl and MSG. Physical examination did include paravertebral spasm of the low back. The provider noted that treatments considered appropriate and reasonable included non-steroidal anti-inflammatory medication with Tylenol, narcotics

when having exacerbation in pain symptoms and use of a muscle relaxer if she experienced muscle spasm. According to a progress report dated 04-28-2015, the injured worker reported that her legs were still weak. She had constant pain in both her neck and back area. Nerve testing had been performed with abnormal findings in the legs noted. The treatment plan included Norco. The injured worker was on temporary total disability. According to a progress report dated 05-26-2015, the injured worker was requesting refill of pain medications. Complaints of pain were not documented. Physical examination was not documented. The treatment plan included Norco and physical therapy. Diagnoses included sprains and strains of shoulder and upper arm, rotator cuff (capsule) sprain and degeneration of cervical intervertebral disc. According to a progress report dated 06-30-2015, the injured worker reported that her legs remained weak. Physical examination was not documented. The treatment plan included TENS unit, cervical traction and Norco. The injured worker was temporarily totally disabled. On 07-02-2015, Utilization Review non-certified the request for Metaxalone 800 mg #30 which is currently under review.

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

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

**Metaxalone 800mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Regarding the request for metaxalone, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested metaxalone is not medically necessary.