

<b>Case Number:</b>	CM15-0188663		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/08/2010
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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:

This is a 52 year old male who sustained a work-related injury on 2-8-10. Medical record documentation from 4-8-15 was clinical evaluation provided for review. It revealed the injured worker was being treated for degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, chronic pain syndrome, and lumbago. He reported neck, low back and right leg pain. He rated his pain an 8 on a 10-point scale with medications and a 9-10 on a 10-point scale without medications. His medications reduced his pain by 30-50%. He reported benefit with his chronic pain medication maintenance regimen, with activity restriction and rest. His pain was kept to a manageable level to allow him to perform activities of daily living such as walking, shopping and light household chores. He was not working at the time of the evaluation. His medication regimen included Norco 10-325 mg, Trazadone, Flexeril and Metaxalone. With regard to activities of daily living, the injured worker reported a high level of interference with family relationships, work, concentration, mood, sleep patterns and overall daily function due to chronic pain. Objective findings included a right antalgic gait. His cervical spine flexion was normal, rotation 50% restricted, and extension to 50%. He had a positive Spurling's test. His lumbar flexion was 30% restricted, lateral bending to 30%, and he was unable to perform lumbar extension. He had a positive straight leg raise. His right knee was tender in the lateral aspect with crepitus and he had adequate range of motion. An MRI of the lumbar spine on 9-2-08 was documented by the evaluating physician as revealing lumbar degenerative disc disease most significant at L4-5 and L5-S1 consisting of facet arthropathy, left paracentral component noted at L4-5 with left lateral recess stenosis and l5-S1 disc bulge

crowding of the L5 nerve root on the left. The MRI report was not available for review. A request for Skelaxin 800 mg #60 with three refills and Soma 350 mg #60 with three refills was received on 8-17-15. On 8-24-15 the Utilization Review physician determined Skelaxin 800 mg #60 with three refills and Soma 350 mg #60 with three refills.

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

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

**Skelaxin 800mg #60 with three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The patient presents with chronic low back pain rated 8/10 with and 9/10 without medications. The request is for Skelaxin 800mg #60 with three refills. The request for authorization is not provided. MRI of the lumbar spine, 09/02/08, shows degenerative disc disease of the lumbar spine, most significant at L4-5 and L5-S1 consisting of facet arthropathy, left paracentral component noted at L4-5 with left lateral recess stenosis and at L5-S1 disc bulge crowding of the L5 nerve root on the left. Physical examination of the lumbar spine reveals flexion is 30% restricted, unable to do extension, lateral bending is 30%. Positive straight leg raise. Medications reduce pain by 30%-50%. Patient reports that the benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to allow patient to complete necessary activities of daily living such as walking, shopping, and light household chores. Patient is to continue with use of heat, ice, rest, and gentle stretching and exercise, which can be tolerated without exacerbating pain. Patient's medications include Norco, Trazodone, Flexeril, and Metaxalone. Per progress report dated 04/08/15, the patient is not working. MTUS Chronic Pain Guidelines for Muscle relaxants section, pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." For Skelaxin, MTUS p61 states, "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 progress report dated 04/08/15, treater's reason for the request is "medication maintenance regimen benefit includes reduction of pain, increased activity, and restoration of partial overall functioning." Only one progress report is provided for review, thereby unable to determine when Skelaxin was initiated or if this is the trial prescription. MTUS recommends Skelaxin for short-term relief in patients with chronic LBP. However, treater does not discuss or document the use of Skelaxin will be for short-term use. Furthermore,

the request for Skelaxin #30 with Three Refills would exceed MTUS guidelines recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

**Soma 350mg #60 with three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

**Decision rationale:** The patient presents with chronic low back pain rated 8/10 with and 9/10 without medications. The request is for Soma 350mg #60 with three refills. The request for authorization is not provided. MRI of the lumbar spine, 09/02/08, shows degenerative disc disease of the lumbar spine, most significant at L4-5 and L5-S1 consisting of facet arthropathy, left paracentral component noted at L4-5 with left lateral recess stenosis and at L5-S1 disc bulge crowding of the L5 nerve root on the left. Physical examination of the lumbar spine reveals flexion is 30% restricted, unable to do extension, lateral bending is 30%. Positive straight leg raise. Medications reduce pain by 30%-50%. Patient reports that the benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to allow patient to complete necessary activities of daily living such as walking, shopping, and light household chores. Patient is to continue with use of heat, ice, rest, and gentle stretching and exercise, which can be tolerated without exacerbating pain. Patient's medications include Norco, Trazodone, Flexeril, and Metaxalone. Per progress report dated 04/08/15, the patient is not working. MTUS, Muscle Relaxants Section, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per progress report dated 04/08/15, treater's reason for the request is "medication maintenance regimen benefit includes reduction of pain, increased activity, and restoration of partial overall functioning." Only one progress report is provided for review, thereby unable to determine when Soma was initiated or if this is the trial prescription. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, treater does not discuss or document the use of Soma will be for short-term use not to exceed 2 to 3 weeks. Furthermore, the request for Soma #60 with Three Refills would exceed what is recommended by MTUS, and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.