

Case Number:	CM15-0199748		
Date Assigned:	10/14/2015	Date of Injury:	08/18/1997
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/12/2015

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: Massachusetts

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 38 year old male who sustained an industrial injury on 08-18-1997. According to a progress report dated 09-16-2015, the injured worker was seen for lower backaches. Pain with medications was rated 5 on a scale of 1-10. Pain without medications was rated 8. Quality of sleep was poor. Current medications included Norco and Lorzone. The progress report listed results of various urine toxicology tests performed. The most recent listed in this progress report was performed on 01-30-2012 and was noted as inconsistent. Physical examination of the lumbar spine demonstrated restricted range of motion with flexion, right lateral bending and left lateral bending. On palpation of the paravertebral muscles, tight muscle band was noted on the right side. Lumbar facet loading was negative on both sides. Straight leg raising test was positive on the right side in sitting. Tenderness was noted over the right side and buttock area. Diagnoses included spinal lumbar degenerative disc disease and lumbar radiculopathy. CURES report on 08-10-2015 was noted as appropriate. Norco decreased pain from 8 to 4 on a scale of 1-10 and he was able to work full time with the help of the medications. He was able to be more mobile because of less pain. He was also better able to take care of his 4 children. The provider noted that it was the only thing that was helping to manage his pain as the epidural injection had not been authorized. The provider noted that a urine drug screen was reviewed with the injured worker which was positive for benzodiazepines and Gabapentin. The injured worker reported that he did take Gabapentin from his brother as he was experiencing increased nerve pain in his foot. He denied benzodiazepines. The injured worker stated understanding that if any other inconsistent urine drug screens were noted that tapering of

medications would occur. Prescriptions were given for Metaxalone and Norco. Work status was noted as permanent and stationary, working full time. Follow up was indicated in 4 weeks. An authorization request dated 09-23-2015 was submitted for review. The requested services included Metaxalone 800 mg three times a day as needed quantity 90 and Norco 10-325 mg every 4-6 hours as needed for pain quantity 120. On 09-30-2015, Utilization Review non-certified the request for Metaxalone 800 mg #90. Metaxalone is a muscle relaxant. Documentation shows use of a muscle relaxant (Soma) from 01-15-2015 through 08-10-2015. A urine toxicology report was submitted for review. The date of collection was 07-13-2015. The report showed inconsistent results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metaxalone 800mg #90: Overturned

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

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

Decision rationale: The claimant has a remote history of a work injury in August 1997 and is being treated for low back pain. In July 2015 he had been hospitalized due to a staph infection in his left foot. Medications included Soma. In August 2015 he had increased muscle spasms which he was noticing while at work. He wanted to try a different muscle relaxant and Lorzone was prescribed. When seen in September 2015, the Lorzone had not been authorized. He reported ongoing muscle spasms. Physical examination findings included a body mass index over 42. There was a slow and antalgic gait without an assistive device. There was decreased lumbar range of motion with tenderness and a right sided tight muscle band. There was decreased right lower extremity strength, sensation, and reflex responses. Metaxalone 800 mg #90 was prescribed with no refills. Skelaxin (metaxalone) is recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Its efficacy may diminish over time, and prolonged use may lead to dependence. Although used to decrease muscle spasm, these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. In this case, there had been an acute exacerbation of low back pain related to the claimant's work. This was an initial prescription without refills. It is considered medically necessary.