

<b>Case Number:</b>	CM15-0201669		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/24/1980
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 72 year old female who sustained an industrial injury 10-24-80. A review of the medical records reveals the injured worker is undergoing treatment for cervical and lumbar degenerative disc disease with intractable pain, muscle spasms, insomnia, lumbar radiculopathy, and depression. Medical records (09-10-15) reveal the injured worker complains of "a lot of leg and back pain." His pain is rated at 7-9/10. The physical exam (09-10-15) reveals the injured worker is "clear, cogent, unimpaired by medications, good eye contact, depressed affect, polite, and appropriate." This is the extent of the physical examination with the exception of vital signs and pain rating. Prior treatment includes Lyrica, Skelaxin, trigger point injections, a TENS unit. The original utilization review (09-24-15) non certified the request for Skelaxin 800mg #60 with 1 refill. The documentation supports that the injured worker has been on Skelaxin since at least 01/09/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg #60 with 1 refill:** Upheld

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

MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Muscle relaxants (for pain) (2015).

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

**Decision rationale:** Per CA MTUS regarding Skelaxin (metaxalone) and Muscle relaxants (for pain): "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. See Muscle relaxants for more information and references." CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. In this case, there is no evidence of muscle spasms on review of the medical records from 9/10/15. In addition, there is no indication for the prolonged use of a muscle relaxant as they are used for short-term pain relief for patients with chronic LBP. Thus, the request is not medically necessary.