

<b>Case Number:</b>	CM15-0027108		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	08/31/1995
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 74-year-old female, who sustained an industrial injury on 8/31/1995. On 2/12/15, the injured worker submitted an application for IMR for review of 1 Treadmill, and Unknown prescription of Skelaxin. The treating provider has reported the injured worker complained of left hip and knee with burning pain in both lower legs and feet. Complaints are also noted as mid low back pain and no stability. The diagnoses have included lumbar radiculopathy, lumbar spinal stenosis, foot pain, muscle spasm, low back pain and wrist pain. Treatment to date has included medication, Lumbar MRI (4/4/11) and (6/9/14), EMG/NCS 92013), status post Left Hip replacement (11/9/2000), multiple recurrent femoral prostheses dislocations, status post right knee arthroplasty (9/28/98), selective nerve root blocks, radiofrequency ablation facet joints, aquatic therapy. On 1/21/15, Utilization Review non-certified 1 Treadmill, and Unknown prescription of Skelaxin. The ODG Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Treadmill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** The MTUS Guidelines encourage the use of a home exercise program as part of a treatment program for chronic pain. The literature shows strong evidence that treatment programs that include aerobic conditioning and strengthening have superior outcomes compared with those that do not with both immediate and long-term benefits. Education, independence, and on-going exercise long-term should be emphasized. There was no discussion detailing extenuating circumstances that sufficiently supported the worker's need for equipment in order to include a home exercise program in the worker's treatment. In the absence of such evidence, the current request for a treadmill is not medically necessary.

**Unknown prescription of Skelaxin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

**Decision rationale:** Skelaxin (metaxalone) is a medication in the muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The request was made for an indefinite supply of Skelaxin (metaxalone) with an unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. The submitted and reviewed records contained no discussion describing special circumstances that sufficiently supported this request. For these reasons, the current request for an indefinite quantity of metaxalone at an unspecified dose is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation and because the worker was apparently just starting this medication, an individualized taper should be able to be completed with the medication the worker has available if any is needed.