

<b>Case Number:</b>	CM15-0216467		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	01/10/2005
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 10, 2005. In a Utilization Review report dated October 14, 2015, the claims administrator failed to approve a request for metaxalone (Skelaxin). The claims administrator referenced a September 28, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated October 8, 2015, Skelaxin was seemingly endorsed. On an associated September 28, 2015 office visit, the applicant reported ongoing issues with chronic low back pain. The applicant was given prescriptions for Skelaxin and Tylenol No. 3. Lorzone was apparently discontinued owing to side effects. Lumbar MRI imaging and a replacement TENS unit were also endorsed while the applicant was placed off work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metaxadone 800mg #100 with 1 refill:** Upheld

**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).

**Decision rationale:** No, the request for metaxalone (Skelaxin) was not medically necessary, medically appropriate, or indicated here. While page 61 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that metaxalone (Skelaxin) is recommended with caution as a second-line option for short-term pain relief in applicants with chronic low back pain, here, however, the 100-tablet, 1-refill supply of metaxalone (Skelaxin) at issue implies chronic, long-term, and/or multiple times daily usage of the same, i.e., usage which runs counter to the short-term role for which Skelaxin is espoused, per page 61 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.