

<b>Case Number:</b>	CM15-0221737		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 59 year old male, who sustained an industrial injury on 5-7-14. The injured worker is diagnosed with right hip pain and low back pain. Notes dated 7-8-15, 9-9-15 and 10-7-15 reveals the injured worker presented with complaints of low back and right hip pain. He reports increased activity level and poor sleep quality. Physical examinations dated 7-8-15, 9-9-15 and 10-7-15 revealed decreased and painful lumbar spine range of motion. There is "hypertonicity and spasms noted in the bilateral paravertebral muscles". The straight leg raise is positive on the right at 65 degrees and the FABER test is positive. The right hip examination reveals a positive FABER test and tenderness over the groin and trochanter. Of note, there is a signed opiate agreement on file and the four A's were evaluated, per note dated 10-7-15. Treatment to date has included activity modification and physical therapy did not provide significant pain relief. His medication regiment includes Norco and Skelaxin (4-2015), which reduce his pain from 7.5 to 4.5 out of 10 and he is able to engage in activities of daily living, lift 10 pounds and walk 1-2 blocks. He reports he has difficulty transitioning from seat to stand without medication. Diagnostic studies include urine toxicology screen was positive for opiates, lumbar spine MRI and right hip MRI. A request for authorization for Skelaxin 800 mg #30 is denied, per Utilization Review letter dated 10-19-15. The patient's surgical history includes right hip arthroscopy on 4/1/15. The patient has had MRI of the lumbar spine on 6/6/14 that revealed disc protrusions, foraminal narrowing. Per the note dated 11/4/15 the patient had complaints of low back pain and right hip pain. The patient was using Skelaxin that was helping to reduce muscle spasm and allow patient to remain functional. Physical examination of the lumbar spine

revealed limited range of motion, tenderness on palpation, muscle spasm, hypertonicity, positive SLR and positive Faber test.

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

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

**Skelaxin 800mg Qty: 30: 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:** Per the CA MTUS chronic pain treatment guidelines cited Metaxalone (Skelaxin) is "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Per the cited guidelines, regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." There is "hypertonicity and spasms noted in the bilateral paravertebral muscles". The straight leg raise is positive on the right at 65 degrees and the FABER test is positive. The right hip examination reveals a positive FABER test and tenderness over the groin and trochanter. The patient's surgical history includes right hip arthroscopy on 4/1/15. The patient has had MRI of the lumbar spine on 6/6/14 that revealed disc protrusions, foraminal narrowing. Per the note dated 11/4/15 the patient had complaints of low back pain and right hip pain. The patient was using Skelaxin that was helping to reduce muscle spasm and allow patient to remain functional. Physical examination of the lumbar spine revealed limited range of motion, tenderness on palpation, muscle spasm, hypertonicity, positive SLR and positive Faber test. The muscle relaxants are recommended for short term use, in acute exacerbations in chronic pain. The patient condition is such that he may have significant exacerbations of chronic pain. It is deemed that the use of a non sedating muscle relaxant like skelaxin, as an adjunct for short term use for acute exacerbations of the chronic pain, is medically appropriate and necessary. The request for Skelaxin 800mg Qty: 30 is medically necessary and appropriate for this patient at this time.