

<b>Case Number:</b>	CM15-0031586		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/28/1998
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 65 year old female, who sustained an industrial injury on 10/28/98. The injured worker has complaints of right knee pain. The diagnoses have included right hip bursitis/osteoarthritis; bilateral shoulder sprain/strain, bursitis, tendinitis, impingement, acromioclavicular degenerative joint disorder and status post right knee scope. Treatment has included right knee arthroscopy in 1999; total knee replacement on 3/21/11; cortisone injections and medications. According to the utilization review performed on 2/9/15, the requested Skelaxin Tab 800mg #60 has been non-certified. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 22; page 63; page 78 and pages 111-113; California Medical Treatment Utilization Schedule (MTUS) 2009; American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, page 127.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin Tab 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 63, 78, 111-113. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

**Decision rationale:** MTUS writes Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. MTUS states regarding Skelaxin (metaxalone), 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. Medical records do not indicate the failure of first line treatments. The requested amount would be in excess of guideline recommendations. As such, Skelaxin Tab 800mg #60 is not medically necessary.