

<b>Case Number:</b>	CM14-0124723		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/02/2003
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old patient had a date of injury on 2/2/2013. The mechanism of injury was not noted. In a progress noted dated 5/30/2014, subjective findings included increasing pain in right leg and ankle. On a physical exam dated 5/30/2014, objective findings included positive TTP over left PSM base and left SI joint and sacral notch areas in the lumbar region. There is right ankle swelling and TTP over posterior lateral malleolar areas. There was a positive increase in pain with resisted plantar flexion and foot eversion. The diagnostic impression shows chronic low back pain, sciatica, and lumbar radiculitis. The treatment to date: medication therapy, behavioral modification. A UR decision dated 7/7/2014 denied the request for Metaxalone 800mg and Carisoprodol 350mg, stating it is unclear why this provider is requesting 3 different muscle relaxants, and there was no documentation of muscle spasm in most recent clinical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metaxalone 800mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In the reports viewed, and in the most recent progress report dated 5/30/2014, there was no documentation of an acute exacerbation of pain that would justify a regimen of Metaxalone. Furthermore, this patient is currently also on Soma as well as Flexeril, and no discussion was provided as to why this patient requires 3 different muscle relaxants. Therefore, the request for Metaxalone 800mg is not medically necessary.

**Carisoprodol 350mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation FDA, Soma.

**Decision rationale:** The California MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. In the reports viewed, and in the most recent progress report dated 5/30/2014, there was no documentation of an acute exacerbation of pain that would justify a regimen of Metaxalone. Furthermore, this patient is currently also on Metaxalone as well as Flexeril, and no discussion was provided as to why this patient requires 3 different muscle relaxants. Therefore, the request for Metaxalone 800mg is not medically necessary.