

<b>Case Number:</b>	CM14-0125580		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	08/25/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/25/2014
<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:

The patient is a 43-year-old female who has submitted a claim for Cervical spondylosis, status post C4-5 anterior cervical discectomy with interbody arthrodesis, implantation of interbody device, C4-5 anterior segmental fixation with plate, exploration of C5-6 fusion and removal of C5-6 plate (06/03/14); status post anterior cervical discectomy and fusion at C5-6 (October 2011), associated with an industrial injury date of 08/25/09. Medical records from 2013 to 2014 were reviewed. Patient apparently sustained an industrial injury described as neck pain extending to both arms, greater on the right. Documentation of the original injury was not included in the submitted records for review. Patient then underwent a C5-6 anterior cervical discectomy and fusion followed by use of a cervical collar; however, patient stated that there was persistence of the neck pain as well as intermittent pain down the arm. 05/29/14 progress report showed that patient had persistence of neck pain, graded 7-9/10 in severity, exacerbated by prolonged sitting, lifting, driving, lying down and sneezing and improved by medications, heat and neck pillow. On physical examination of the cervical region, there was tenderness of the paraspinal muscles overlying the C2-7 facet joints with cervical spasms, ROM were restricted by pain, positive for cervical facet joint provocative maneuvers, normal motor and sensory examination with no signs of radiculopathy. Patient also underwent a C4-5 anterior cervical discectomy. Post-operative follow-up on 07/1/14 showed that patient had the expected continued spasm at the back of the neck and with improvement in the pain in her arms. Plan was to continue follow-up care, possible physical therapy 6-8 weeks after the surgery and to continue medications. 07/15/14 evaluation states that patient had noted 40% improvement in patient's pain and capacity to perform her ADLs with the use of Percocet, with additional 60% improvement with the use of Oxycontin. There was reported improvement of her muscle spasms with the use of Skelaxin which enables her to perform her ADLs. Treatment to date has included surgery and medications

(Fentanyl, oxycodone, Exalgo, naproxen, Arthrotec, Flexeril and Norco from at least 12/17/13 to 03/20/14 and Mobic, Oxycontin, Lyrica, Prilosec, Skelaxin and Percocet since at least 03/20/14). Utilization review date of 07/25/14 denied the request for Skelaxin 800 mg because there was no clear discussion why patient was using both Skelaxin and Flexeril for muscle spasms and available guidelines does not support it for long-term treatment.

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

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

**Skelaxin 800mg, #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin), muscle relaxant for pain, Page(s): 61, 63.

**Decision rationale:** As stated on pages 64 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Metaxalone (Skelaxin) is a non-sedating muscle relaxant whose mechanism of action is unknown, but the effect is presumed to be due to general depression of the CNS. It is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP (Low Back Pain). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, has not shown benefit beyond NSAIDs in pain and overall improvement and its efficacy appears to diminish over time. There has likewise been no additional benefit if it's used together with an NSAID. In this case, patient has been using Skelaxin since at least 03/20/14, and has been using Flexeril prior to initiating Skelaxin. There was neither documentation of improvement in patient's pain and spasm symptoms with the use of the said medications, nor was there objective improvement in performing her ADLs. Patient had concurrent use of muscle relaxant with an NSAID, which did not appear to improve patient's pain. There was no mention of a reason for the need to shift her from one muscle relaxant to the other. Also, guidelines do not support long-term treatment using muscle relaxants. Therefore, the request for Skelaxin 800mg, #90 with 2 refills is not medically necessary and appropriate.