

<b>Case Number:</b>	CM14-0138011		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/12/2005
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Family 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 injured worker is a 50-year old female injured on 05/12/05 when involved in a motor vehicle collision suffering multiple injuries to include burns to the face and low back injuries. Diagnoses include pudendal neuralgia and post-traumatic stress disorder. The clinical note dated 08/11/14 indicated the injured worker presented complaining of low back pain and right hip pain rated at 5/10 on VAS. The injured worker scheduled for repeat pudendal nerve block. The injured worker reported pain increased since previous injection performed on 02/03/14 which provided 80% pain relief. The injured worker reported medications remained well-tolerated; however, did not continue to provide similar relief. Medications included Suboxone 8/2mg 3 tablets QD, Metaxalone 800mg TID, Cymbalta, Lamictal, and Saphris. Physical examination revealed moderate tenderness over sacrococcygeal area, sacroiliac joints, and trochanters with right piriformis tenderness, motor strength 5/5 bilaterally, sensation intact bilaterally, deep tendon reflexes equal and within normal limits bilaterally, straight leg raise negative bilaterally, and normal gait. The documentation indicated the injured worker previously attempted suicide in 2009 following the initial injury. The initial request was non-certified on 08/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metaxalone 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the Metaxalone 800mg #90 is not medically necessary.