

<b>Case Number:</b>	CM14-0181963		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 57 year old male with a date of injury of 7/1/10. The listed diagnoses are bilateral shoulder s/s, chronic pain syndrome, insomnia, myofascial pain and neuropathic pain. According to progress report 2/27/14, the patient presents with neck, bilateral shoulder, low back, wrist and shin pain. Pain is rated as 7/10 "right now" with medications and without medication the pain is "10+/10." Examination notes B/P: 124/76, Pulse 78, resp: 12, Height 5'11", weight 367, temp 98.9, BMI 51.2 and Fat 4.2%. This is a retrospective request for Skelaxin and Cidaflex which were dispensed on this date. There are no earlier progress reports provided for review. Utilization review denied the request on 10/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE: Skelaxin 800mg #120 (Date of service: 2/27/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Page(s): 61.

**Decision rationale:** This patient presents with neck, bilateral shoulder, low back, wrist and shin pain. The request is for retrospective Skelaxin 800mg#120 (date of service 2/27/14). For metaxalone (Skelaxin), the MTUS Guidelines page 61 states, "recommended with caution as a second line option for short term pain relief in patients with chronic low back pain." Skelaxin is a muscle relaxant that is reported to be relatively non-sedating. The treater recommends that the patient continue with this medication and has requested a refill of #120. MTUS does not recommend long term use of muscle relaxants and recommendation is for 3 to 4 days for acute spasms and no more than 2 to 3 weeks. Given this medication has been prescribed for long term use, the request is not medically necessary.

**RETROSPECTIVE: Cidaflex #90 (Date of service: 2/27/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** This patient presents with neck, bilateral shoulder, low back, wrist and shin pain. The request is for Retrospective Cidaflex #90 (date of service 2/27/14). The MTUS Guidelines page 50 has the following regarding glucosamine "recommended as an option given its low risk in patients with moderate arthritis pain especially for knee osteoarthritis." In this case, the patient has shoulder, neck, wrist and shin pain which Cidaflex is not indicated for. The requested Cidaflex is not medically necessary.