

<b>Case Number:</b>	CM14-0091456		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/29/1995
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 claimant was injured on 12/29/95 and Skelaxin is under review. She injured her back when a very large patient lost her balance and grabbed her. She is on other medications including Neurontin, OxyContin, and Prozac. She has thoracic back pain and has had anterior thoracotomy with T4-5 discectomy and decompression with fusion and bone grafting. She was weaning down her medication. On 07/25/13, she saw Dr. [REDACTED] and she still had pain in the thoracic region. She was using Skelaxin 3 times a day. The physical examination revealed normal ambulation and reflexes. Her low back is not described. There were no spasms noted. She was to continue her current medications. Skelaxin was again ordered. On 09/10/13, she was seen for her back and was using Metaxalone (Skelaxin). She was taking other medications, also. Again no spasms were noted. On 06/11/14, she saw Dr. [REDACTED] and had tenderness of the thoracic spinous processes as before and in the L5-S1 level. She had painful posterior neck muscles to palpation. She was prescribed Baclofen and OxyContin. On 06/18/14, examination of the back revealed minimal extension, flexion, and rotation with pain and she had tenderness over the thoracic spinous processes and L5-S1 area with hyperesthesia. On 07/16/14, she saw Dr. [REDACTED] and had tenderness of the low back region. She wanted to decrease the OxyContin. Her use of Skelaxin is not described.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ACOEM (American College of Occupational and Environmental Medicine), 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers, metaxalone ; Medications for Chronic Pain Page(s): 97, 95, 94.

**Decision rationale:** The history and documentation do not objectively support the request for continued use of Skelaxin 800 mg. The MTUS state for Skelaxin "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." Also, regarding muscle relaxants (for pain): "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. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications." MTUS and ODG further state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005) The medical documentation provided does not establish the need for long-term/chronic usage of Skelaxin which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm with documented relief of spasm due to the use of this medication. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Skelaxin 800 mg #90 is not medically necessary.