

<b>Case Number:</b>	CM14-0097777		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/08/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 62-year-old male who reported an injury on 02/02/2011. The mechanism of injury was not provided. On 05/28/2014, the injured worker presented with intractable neck pain, lumbar degenerative changes with mild canal stenosis at L4-5, and neural foraminal narrowing L2-3 and L4-5, severe on the right, bilateral radiculopathy with muscle spasm. Previous medications included Lyrica, Nucynta, Norco, magnesium, Cymbalta, docusate, Metaxalone, Flector patch, Pennsaid solution, Terazocin, orphenadrine, and aspirin. Upon examination of the lumbar spine, there was tenderness in the L5 facet region and moderate right paravertebral spasm measured 8 cm in width compared with spasm measuring 4 cm in width on the left. Extension produced pain in the left L5 region. Muscle spasm measured 2+ bilaterally in the lumbosacral region. The provider recommended mag oxide tab 400 mg and Metaxalone tab 800 mg #430; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POS Mag Oxide Tab 400 mg:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MedLinePlus, Magnesium Oxide, Online Database  
[www.nlm.nih.gov/medlineplus/druginfo/meds/a601074.html](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601074.html)

**Decision rationale:** The request for POS Mag Oxide Tab 400 mg is not medically necessary. According to scientific base research, magnesium is an element that your body needs to function normally. Magnesium oxide may be used for different reasons. Some people use it as an antacid to relieve heartburn, stomach acid and indigestion, and it can also be used as a laxative for short term rapid emptying of the bowel. The provider's rationale for mag oxide was not provided. Additionally, there are no signs of symptoms or a diagnosis congruent with the scientific base research for the use of magnesium oxide. As such, medical necessity has not been established.

**Metaxalone Tab 800 mg Qty: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

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

**Decision rationale:** The request for Metaxalone Tab 800 mg Qty: 30 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The injured worker has been prescribed Metaxalone since 05/28/2014. The provider's request for Metaxalone 800 mg #30 exceeds the guideline recommendation of short term therapy. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.