

<b>Case Number:</b>	CM15-0115170		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 59-year-old male with an industrial injury dated 04/16/2012. The injured worker's diagnoses include status post total knee arthroplasty of right knee in 2004, bilateral knee sprain/strain, possible medial collateral ligament injury of right knee secondary to recent industrial injury, and left knee medial meniscus tear. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/06/2015, the injured worker reported bilateral knee and low back pain. Objective findings revealed mildly antalgic gait, favoring the left lower extremity. Left knee exam revealed effusion and tenderness to palpitation over the patellofemoral and medial joint and crepitus with range of motion. Treatment plan consisted of left knee surgery and medication management. The treating physician prescribed Skelaxin 400mg #30 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 400mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-65.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, including Skelexin, as a treatment modality. In general, muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. In this case, the records indicate that Skelexin is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above cited guidelines, only short-term use is recommended. For this reason, Skelexin is not medically necessary.