

<b>Case Number:</b>	CM15-0060490		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	04/05/1999
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 male, who sustained an industrial injury on 4/5/1999. Diagnoses have included cervicalgia, degeneration of lumbar of lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, unspecified backache and unspecified myalgia and myositis. Treatment to date has included physical therapy, lumbar magnetic resonance imaging (MRI), massage, chiropractic treatment and non-steroidal anti-inflammatory drugs. According to the progress report dated 3/3/2015, the injured worker complained of lumbar back pain. The pain ranged from 4/10 to 10/10 depending on activity. The pain radiated into the hips and down the legs. There were myofascial trigger points over the lumbosacral areas. The injured worker also complained of cervical pain that at times radiated up into the occipital area. The pain ranged from 5/10 to 10/10. Exam of the back revealed tenderness and spasm. Authorization was requested for Methocarbamol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 750mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

**Decision rationale:** Regarding the request for metaxalone (Skelaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that metaxalone specifically is thought to work by general depression of the central nervous system. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the metaxalone being used in the past. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested metaxalone (Skelaxin) is not medically necessary.