

<b>Case Number:</b>	CM15-0061090		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	02/17/2009
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old male, who sustained an industrial injury on 2/17/2009. He reported a slip and fall. Diagnoses include bilateral cervical radiculopathy, bilateral carpal tunnel syndrome, lumbar radiculopathy, low back pain, cervical disc disorder, degenerative disc disease, and right wrist pain. Treatments to date include medication therapy, joint injections and epidural steroid injections. Currently, he complained of pain rated 5/10 VAS with medication and 7/10 VAS without medications. On 2/24/15, the physical examination documented limited range of motion in cervical and lumbar spine with tenderness, positive facet loading and muscle spasm. The plan of care included continuation of medication therapy pending left shoulder surgery and possible cervical spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16; 18-19; 43; 78.

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

**Decision rationale:** According to MTUS guidelines, Skelaxin a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case, has been using Skelaxin without any evidence of functional improvement. The request of Skelaxin 800mg #60 is not medically necessary.