MAXIMUS Federal Services

| Case Number: | CM15-0070994 | | |
|---|---|---|---|
| Date Assigned: | 04/21/2015 | Date of Injury: | 12/26/2012 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 04/08/2015 |
| Priority: | Standard | Application Received: | 04/15/2015 |

## 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: Arizona, 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 44 year old male, who sustained an industrial injury on 12/26/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc, degeneration of lumbosacral intervertebral disc, pain in left thoracic spine, left low back pain, thoracic radiculitis, fibromyositis, chronic pain, abdominal pain, and moderate depression. Treatment to date has included diagnostics, cognitive therapy, and medications. Currently (4/02/2015), the injured worker complains of intermittent flares in his thoracic pain and significant spasms throughout the left side of the back. Pain was rated 5/10. He reported that pain was greater 2 weeks prior. He reported that cognitive therapy was helpful and he was feeling less depressed and anxious. He reported that Ultracet and Skelaxin helped him to some of his usual activities. He was currently not working. A previous progress report, dated 2/25/2015, also noted pain level at 5. The use of Flexaril and Skelaxin were documented to show mild improvement, and he reported that his use Ultracet and Skelaxin reduced his pain by 30-40%, but they "seem not to last as long as before". The use of Skelaxin was noted since at least 9/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg, 1 tablet every day by oral route PRN for 30 days, #30, Refills: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin Page(s): 61.

**Decision rationale:** According tot the guidelines, Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. In this case, the claimant has been on Skelaxin for several months. The claimant's pain score was moving toward a net loss or worsening while on medications. It is intended for short-term use. The chronic and continued use of Skelaxin with 2 additional refills is not recommended and not medically necessary.