

<b>Case Number:</b>	CM15-0071171		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	03/10/2007
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 46 year old male sustained an industrial injury on 3/10/07. He subsequently reported Diagnoses include lumbar and cervical radiculopathy. Treatments to date have included MRIs, physical therapy and prescription pain medications. The injured worker continues to experience neck tenderness and decreased range of motion and low back pain. A request for Metaxalone medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metaxalone 800 mg, fifty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Metaxalone (Skelaxin) 800 mg #50 is not medically necessary. Muscle

relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical radiculopathy; displacement lumbar inter-vertebral disc without myelopathy; and lumbosacral radiculopathy. The documentation indicates the injured worker was taking Metaxalone as far back as April 30, 2014. The medication review is somewhat confusing as it lists start dates for baclofen and cyclobenzaprine, but no stop dates. It appears multiple muscle relaxants are being taken concurrently. Subjectively, according to a progress note dated February 23, 2015, the injured worker's symptoms appear to be deteriorating with severe spasms in both cervical and lumbar spine. Objectively, there is tenderness and decreased motion at the cervical spine and lumbar spine with spasm. Metaxalone is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation in chronic low back pain. The documentation indicates the neck and low back pain have been ongoing. There is no documentation of an acute exacerbation. Additionally, Metaxalone is indicated for short-term (less than two weeks). The treating provider has continued Metaxalone in excess of 10 months. This is clearly in excess of the recommended guidelines for short-term use. Constantly, absent clinical documentation of an acute exacerbation of low back pain in excess of the recommended guidelines for short-term use (7 to 10 days), Metaxalone (Skelaxin) 800 mg #50 is not medically necessary.