

<b>Case Number:</b>	CM15-0071699		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	06/08/1994
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 62 year old female, who sustained an industrial injury on 6/8/94. She reported low back injury. The injured worker was diagnosed as having unspecified disorder of bursae and tendons of shoulder region, post laminectomy syndrome of lumbar region, lumbosacral spondylosis without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, cervical spondylosis without myelopathy, pain in thoracic spine, thoracic/lumbosacral neuritis/radiculitis, unspecified myalgia and myositis, unspecified neuralgia, neuritis and radiculitis and unspecified idiopathic peripheral neuropathy. Treatment to date has included back surgery, cervical epidural injections and medication management and a walker for ambulation. Currently, the injured worker complains of chronic severe low back pain with radiation to bilateral legs and into neck. Physical exam noted an antalgic gait, tenderness on palpation of lumbar sacral area with a well healed surgical scar; tenderness is also noted of right leg. The treatment plan included prescriptions for Skelaxin, Opana, Duragesic patch, and continuation of home exercise program, proceeding with intrathecal pump implant and awaiting authorization for in-office right shoulder subacromial bursa injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800 mg, Qty 90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin); Muscle relaxants (for pain) Page(s): 61, 63-65.

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

**Decision rationale:** According to 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 was on numerous opioids and an intrathecal pump which increases the risk of addiction and toxicity with Skelaxin use. Skelaxin had been used in the past. Long term use is not recommended. Continued use of Skelaxin with 1 additional refill is not medically necessary.