

<b>Case Number:</b>	CM15-0072891		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	07/12/2001
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male, who sustained an industrial injury on 07/12/2001. He has reported injury to the head, right shoulder, and thoracic spine. The diagnoses have included cervicogenic headaches; right shoulder impingement syndrome, status post arthroscopy times two; thoracic sprain/strain; and lumbar degenerative disc disease. Treatment to date has included medications, diagnostics, chiropractic, and physiotherapy. Medications have included Norco and Skelaxin. A progress note from the treating physician, dated 03/19/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the thoracic and lumbar spine; pain is rated at 8/10 in severity; and medications significantly improve pain levels and he is more adequately capable of undergoing his activities of daily living. Objective findings included some limitations in range of motion at flexion; and he walks with a nonantalgic gait. The treatment plan has included the request for Skelaxin 800 mg, quantity 90, with no refills.

### 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 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Opioids Page(s): 67, 78.

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

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Skelaxin 800 mg QTY 90 with no refills. The treating physician in the 11/25/14 report states, "New prescription given today for Skelaxin 800mg #90, one orally three times daily as needed on an empty stomach." (10B) The treating physician goes onto document in the 03/19/15 report that the patient is still taking the Skelaxin and received another refill. (49B) The MTUS guidelines state, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP." In this case, the treating physician has been prescribing this medication since at least November 2014, which would exceed the recommended guideline of short term treatment. The current request is not medically necessary and the recommendation is for denial.