

<b>Case Number:</b>	CM14-0126349		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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

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 was a 44 year old female, who sustained an industrial injury, May 25, 2011. According to progress note of July 24, 2015, the injured worker's chief complaint was wrist pain, shoulder pain and wrist numbness. There were spasms and pain of the bilateral shoulders, which was diminished by Tramadol, Metaxalone and Celebrex. The injured worker rated the pain 5 out of 10. The physical exam noted 5 out of 5 upper and lower extremity motor strength. The sensory exam was intact to the upper and lower extremities. The deep tendon reflexes were intact to the upper and lower extremities. The injured worker was undergoing treatment for neuralgia, neuritis, radiculitis, cervical C5-C6 with mild degenerative disc disease as seen on cervical spine MRI, carpal tunnel surgery. The injured worker previously received the following treatments Tramadol, Metaxalone, Celebrex, Amitriptyline, Motrin, Omeprazole, carpal tunnel surgery, acupuncture with limited relief, The RFA (request for authorization) dated May 1, 2015; the following treatments were requested 16 sessions of physical therapy and 16 session of aqua therapy. The UR (utilization review board) denied certification on August 6, 2015 for the lack of documentation to support the medical necessity for the services requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Metaxalone:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2011 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Unknown prescription of Metaxalone is not medically necessary.