

<b>Case Number:</b>	CM13-0039977		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	12/03/1998
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and Pulmonary Diseases, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old male who reported injury on 12/03/1998. The mechanism of injury was not provided. The patient's medications were noted to be Amlodipine, Celebrex, Flexeril, Norco, Lisinopril, Pennsaid and Prozac. The patient was noted to be in pain during the office visit, which was for medication refills. The treatment plan was noted to include lisinopril 10 mg, Flexeril 5 mg, Celebrex 200 mg, and Norco 10/325 mg and Voltaren gel 1 #500 no refills. The diagnoses were noted to be osteoarthritis unspecified whether general or localized and chondromalacia of the patella.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg tablet, #80, 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The physical

examination revealed the patient had muscle spasms. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time, since 2012, and there was a lack of documentation of objective improvement. There was a lack of documentation indicating a necessity for a refill without re-evaluation. Given the above, the request for Flexeril 5mg tablet, #80, 1 refill is not medically necessary.