

<b>Case Number:</b>	CM13-0067148		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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/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 injured worker is a 42-year-old male who reported an injury on 01/30/2007. The mechanism of injury was not provided in the medical records. His symptoms include pain to his left lower back and left hip region. Physical examination was positive for facet joint mediated pain. The injured workers medication regimen included Norco 5/325 twice a day as needed, Gabapentin 600 mg 1 taken 4 times a day, and Flexeril 7.5 mg 1 every day as needed. The injured worker was diagnosed with low back pain. Physical medical treatment included lumbar epidural steroid injection, bilateral L4-5 medial branch facet nerve block, trigger point injections, and oral medications. Diagnostic studies were not included in the medical records. On 10/30/2013, a request for Flexeril 7.5 mg was made. A rationale for the requested treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 7.5MG DAILY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to the California MTUS Guidelines, Flexeril is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The documentation submitted for review indicated the injured worker had been experiencing increased pain to his left low back and left hip region. Physical examination was positive for facet joint mediated pain. The documentation submitted for review indicated the provider recommended the injured worker continue Flexeril every day as needed for muscle spasms. The injured worker was noted to not need a refill at that time. The documentation failed to provide evidence of muscle spasms or increased function with the use of the requested medication; the efficacy of the medication was unclear. Per the provided documentation it appeared the injured worker had been utilizing the medication since at least 07/11/2013. Therefore, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Given the above, the request for Flexeril 7.5mg daily is not medically necessary.