

<b>Case Number:</b>	CM13-0069109		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Internal Medicine 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 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 patient is a 31-year-old male who was injured on 05/16/2012. He was lifting heavy objects at work and developed back and right leg pain. Prior treatment history has included medication, chiropractic treatment; lumbar steroid epidural injection. The patient underwent bilateral L5-S1 decompression, facetectomy and microdiscectomy on 09/12/2012. The patient's medications as of 11/13/2013 include Flexeril 10 mg, Gabapentin 300 mg, Diazepam 5 mg, and Norco 10-325mg. The patient's medications as of 11/20/2013 include Flexeril 10 mg, Gabapentin 300 mg, Norco 5-325, Diazepam 5 mg, and Norco 10-325. Progress report dated 11/13/2013 states the patient complains of back pain radiating from low back down to both legs, and lower backache. The pain level has remained unchanged since the last visit. The patient denies any other symptoms other than pain. There are no new problems or side-effects. He denies any new injury since last visit. Since the last visit, quality of life has remained unchanged. Activity level has remained the same. The patient is taking his medications as prescribed. He states that medications are working well. Medication side effects felt by the patient include drowsiness. He states he has trialed Gabapentin which seems to help radicular pain to his legs, helping with muscle spasms and shooting pain which usually awakens him at night. He is taking twice daily. On exam, the patient ambulates without a device. His gait is normal. On inspection of the lumbar spine, he has surgical scars. His range of motion is restricted with flexion. On palpation, paravertebral muscles, hypertonicity and tenderness is noted on both the sides. Lumbar facet loading is negative on both the sides. Straight leg raise test is positive on both the sides in sitting at 65 degrees. Faber test is negative. Pelvic compression test is negative and in supine position. Motor strength of EHL is 4/5 on both sides. On sensory examination, light touch sensation is decreased over lateral calf and on the left side. Deep tendon reflexes exhibits ankle jerk is 1/4 on the left side, absent right Achilles and the rest is 2/4. Progress report dated 11/20/2013 indicates

the patient presents with complaints of back pain radiating from low back including postero-lateral thigh and calf including the lateral, bottom, and dorsal aspect of the foot and lower backache. The pain level has remained unchanged since last visit. There are no new problems or side-effects. His quality of sleep is poor. Since the last visit, his quality of life has remained unchanged and his activity level has remained the same. The patient is taking his medications as prescribed. He states that the medications are work well. There are no side effects reported. Objective findings on exam revealed the patient has an antalgic gait and he does not use assistive devices. On inspection of the lumbar spine, there is a surgical scar. His range of motion is restricted with flexion is limited to 80 degrees, extension limited to 5 degrees limited by pain, right lateral bending is limited to 15 degrees and left lateral bending is limited to 15 degrees. On palpation, paravertebral muscles, spasm, tenderness, and tight muscle band is noted on both the sides. There is no tenderness of the spinal process. Lumbar facet loading is negative bilaterally. Straight leg raise is positive bilaterally in the sitting at 65 degrees. Faber test is negative. Pelvic compression tests is negative and in supine position at degrees. Motor strength of extensor hallucis longus (EHL) is 4/5 bilaterally; ankle dorsi flexor is 5/5 bilaterally; ankle plantar flexor's is 5/5 bilaterally; knee extensor's is 5/5 bilaterally; and knee flexor's is 5/5 bilaterally. On sensory examination, light touch sensation is decreased over posterior thigh, lateral thigh, and 4th toe, 5th toe on the right side and lateral calf and posterior thigh, and lateral thigh on the left side. On examination of deep tendon reflexes, biceps reflex is 2/4 bilaterally; brachioradial reflex is 2/4 bilaterally; triceps reflex is 2/4 bilaterally; knee jerk is 2/4 bilaterally; ankle jerk is ¼ on the left side and absent right Achilles. The patient is instructed to continue Flexeril 10 mg for night time use for muscle spasms and to assist with sleep.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**FLEXERIL 10MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), Amrix®, Fexmidâç, generic available.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®, Amrix®, Fexmidâç, generic available) Page(s): 64.

**Decision rationale:** As per CA MTUS guidelines, Flexeril is used to decrease muscle spasm and is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. In this case, this patient has chronic lower back pain radiating to lower extremities. There is documentation that the current medication regimen is working well with no side effects reported; however, it was noted that the pain level and quality of life has remained unchanged as well as quality of sleep is poor. Additionally, this patient was prescribed this medication since October 2013 and guidelines indicate that this medication is not recommended to be used for longer than 2-3 weeks. As such, due to the absence of objective functional improvement and reduced pain level as well as exceeding the guidelines recommended use for no longer than 2-3 weeks, the medical necessity has not been established and the request is non-certified.