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| <b>Case Number:</b>   | CM14-0006044 |                              |            |
| <b>Date Assigned:</b> | 02/07/2014   | <b>Date of Injury:</b>       | 07/31/1996 |
| <b>Decision Date:</b> | 06/23/2014   | <b>UR Denial Date:</b>       | 12/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/15/2014 |

### 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. The expert reviewer is Board Certified in Orthopedic Surgery 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 claimant was injured on July 31, 1996 while changing ceiling tiles. The clinical documentation from November 13, 2013, indicates that the claimant presents with low back pain described as a burning sensation starting in the mid back extending all the way down the posterior side of both thighs. The claimant has complaints of stiffness, but no complaints of muscle spasm. The physical examination documents tenderness to palpation about the lower lumbar spine, diminished lumbar range of motion, but no documentation of muscle spasm. Muscle relaxants are again prescribed. Subsequent clinical documentation on January 15, 2014 does not document subjective complaints of muscle spasm. The physical examination documents tenderness in the lower lumbar region, but does not document spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Muscle Relaxants F.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The MTUS recommends the use of non-sedating muscle relaxants as a 2nd line option for short-term treatment of acute exacerbations in individuals with chronic low back pain. Based on the clinical documentation provided, the clinician had prescribed muscle relaxant medications on a routine basis despite a lack of documentation of subjective or objective findings consistent with muscle spasm. Therefore, secondary to a lack of evidence on exam of muscle spasm and the MTUS recommendation against the chronic use of this class of medications, the request for Flexeril 10mg #30 is not medically necessary and appropriate.