

<b>Case Number:</b>	CM14-0100119		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/28/2005
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 45 year old male was reportedly injured on September 28, 2005. The mechanism of injury is noted as an injury while lifting a metal decking and installing over time, with an increase in pain to the low back and groin. The most recent progress note, dated May 14, 2014 indicates that there are ongoing complaints of low back pain and bilateral lower extremity pain. The physical examination demonstrated a slow gait, decreased range of motion of the low lumbar spine, and decreased strength in the bilateral lower extremities. Diagnostic imaging studies included an MRI of the lumbar spine from May 2013 which revealed a right posterior lateral disc bulge at L5 to S1 with right sided foraminal stenosis, and degenerative disc disease at L4 to L5. An annular tear and small left sided bulge with left sided foraminal stenosis is noted. Left hip X-rays in July 2011 show no fracture or dislocation with degenerative changes present in the sacroiliac (SI) joint. December 2006 also noted a level 3 lumbar discogenic pain per discography. Previous treatment includes pharmacotherapy including hydrocodone, alprazolam, metoclopramide, be appropriate in the cell, amitriptyline, and promalaxin. The medication list included in the medical record indicates that the claimant received Cyclobenzaprine 7.5 milligrams tablets quantity 45, on April 29, 2014 with the dosing regimen of one tablet twice daily, and thirty tablets were supplied on May 18, 2014 with the same dosing regimen. A request was made for Flexeril 7.5 milligrams twice daily as needed quantity forty five and was not certified in the preauthorization process on June 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg 1 1/2 #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 OF 127.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants, pages 41, 64. The Expert Reviewer's decision rationale: Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of skeletal muscle relaxants for the short term treatment of acute flares of pain for no longer than two to three weeks, and advises against long term use. Given the documentation of the medication history included in the medical record, it appears that the ongoing use of this medication would exceed the guideline recommendations for a two to three week course in the setting of an acute flare of symptoms. As such, the request is not medically necessary.