

<b>Case Number:</b>	CM14-0103709		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care 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 63 year old female injured on January 13, 2010. PR-2 report, dated July 17, 2014, indicate the injured worker continues with complaints of constant low back pain. The pain is described as aching and throbbing. Pain level is 4-9/10 on the visual analog scale. The injured worker experiences increased pain when bending, stooping, stair climbing, walking on uneven ground, and twisting. Physical exam reveals limited range of motion in both anterior and posterior lateral planes to 40% of normal and is painful, reflexes 2+, straight leg raise normal bilaterally, motor function of lower extremities, 4/5, tenderness to palpation along the zygapophysial joint of the lower lumbar spine. No sensory deficits were noted on either side. PR-2 report, dated June 19, 2014, notes the injured worker complains of low back pain and spasms increasing on both sides of the lower back. The injured worker states Norco three times a day was not controlling pain and asks for an increase. The treating physician prescribed Flexeril 10mg once daily for 30 days due to increased spasms. Diagnoses include lumbar discogenic disease, lumbar facet syndrome, and long term med use. The injured worker underwent radiofrequency ablation in January of 2014 which helped with pain and spasms so the she underwent repeat radiofrequency ablation of the opposite side in June and August of 2014. Separate dates due to one side of back being performed each time. The request for 1 Prescription for Flexeril 10mg #30 was modified to 21 tablets in previous utilization review on July 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Flexeril 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants ( for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 62-65.

**Decision rationale:** This is 63 year old female claimant with chronic low back pain following an alleged industrial injury of 1/13/2010. The claimant has had RFA of the lumbar spine and reported a decrease in muscle spasms. The physician asserted on 6/19/14 that once RFA was completed there should be a decrease in medication usage and spasm. ACOEM/CAMTUS and ODG both hold that Flexeril would be recommended only for short term use and that there is no medical literature to support chronic use. Therefore the request for Flexeril 10mg #30 tab is not medically necessary.