

<b>Case Number:</b>	CM14-0013156		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	02/17/1999
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 61-year-old female who has submitted a claim for sprain in lumbar region, status post lumbar fusion (2007); associated from an industrial injury date of 02/17/1999. Medical records from 12/05/2013 to 06/24/2014 were reviewed and showed that patient complained of low back pain, graded 8/10, with or without activity. Physical examination showed that patient had a very slow and cautious gait with difficulty standing from a seated position. Tenderness and muscle spasm at lumbar spine, loss of range of motion by 50%, and general weakness throughout both lower extremities were noted. MRI of the lumbar spine, dated 10/30/2013, showed status post anterior interbody fusion L5-S1, adequate caliber of the central canal and foramina, disc desiccation at L4-L5, resolution of the disc protrusion previously demonstrated at CT scan of 2012, and a broad posterior 3mm L3-L4 disc protrusion. Treatment to date has included participation in previous physical therapy, lumbar fusion (2007) and right knee arthroscopy (2009). Current medications include Flexeril, Protonix, Ultram, Voltaren XR, and Terocin. Utilization review, dated 01/03/2014, denied the request for Flexeril 7.5mg, #90 because evidence based guidelines do not support muscle relaxants in the management of chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, FexMid, generic available) and Muscle relaxants (for pain).

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

**Decision rationale:** Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. As stated on page 41 of CA MTUS Chronic Pain Medical Treatment Guidelines, treatment using cyclobenzaprine should be used as a short course of therapy because the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment. In this case, the patient has been prescribed Flexeril since 12/05/2013. However, the medical records submitted for review do not show objective evidence of functional benefits of Flexeril use. Although the most recent physical examination showed presence of muscle spasm, long-term use of Flexeril is not recommended. Therefore, the request for Flexeril 7.5mg #90 is not medically necessary.