

<b>Case Number:</b>	CM14-0129107		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/22/2006
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 51-year-old female was reportedly injured on August 22, 2006. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated June 27, 2014, indicates that the injured employee's sleep is repaired with reduced Percocet to twice a day. The physical examination demonstrated weakness at the left anterior tibialis and peroneus longus. There was decreased sensation in the L5 dermatome on the left side and a positive left-sided straight leg raise test at 30. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for Flexeril and was not certified in the pre-authorization process on July 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg 1 tab po bid #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the

short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, dated June 27, 2014, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Flexeril is not medically necessary.