

<b>Case Number:</b>	CM14-0132682		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/31/2001
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 with a reported date of injury on 01/31/2001 due to a fall. The injured worker had diagnoses including chronic pain syndrome, lumbar degenerative disc disease, post laminectomy syndrome and cervical spondylosis. Prior treatments included therapeutic exercise 10 visits, physical therapy 5 visits and acupuncture. The injured worker previously underwent right shoulder surgery, discectomy on 07/11/1991, lumbar fusion on 03/24/1994, arm surgery on 10/17/1997 & 12/02/1997, hardware replacement in 2000 & 2003, and hardware removal in 2001. Diagnostic studies included an x-ray of the cervical spine on 03/21/2012 with mild narrowing at C5-C6 with posterior spondylite ridging foraminal stenosis at left C3-C4 secondary to osteophyte formation and x-rays of the lumbar spine. The injured worker reported pain in the lower back with activities even ordinary activity such as household chores caused her pain. A urine drug screen was performed on 08/05/2014 which was consistent with the injured worker's prescribed medication regimen. The clinical note dated 08/05/2014 noted the injured worker's back and neck remained the same. Spine showed curvature and flattening of the normal lumbar lordosis was noted. Medications included Flexeril 10mg 1 tablet every 12 hours for muscle pain as needed and Norco 10/325mg 1 tablet every 6 hours for pain maximum 4 days. The request was for 60 Flexeril 10 mg. The request for authorization form and the provider's rationale were not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Flexeril 10mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

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

**Decision rationale:** The request for 60 Flexeril 10 mg is not medically necessary. Based on the documentation dated 08/05/2014 the injured worker complained of lower back and neck pain; it was stated that the injured worker's functionality remained the same. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and decreasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish overtime and prolonged use of some medications in this class may lead to dependence. There is a lack of clinical findings consistent with significant muscle spasms to warrant Flexeril. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The injured worker has been prescribed this medication since at least 02/2014. The continued use of this medication would exceed the guideline recommendation for short term use. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.