

<b>Case Number:</b>	CM14-0133295		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/03/2000
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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, Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 53-year-old female who reported an injury on 01/01/2000 due to a fall. On 12/07/2005, the injured worker presented with complaints of pain in the left neck, left shoulder, low, mid, and upper back. Upon examination, there was a positive bilateral straight leg raise, tenderness and spasm noted in the lower lumbar segment. Diagnoses were back sprain and lumbar disc disease with discogenic sciatica. Current medication list was not provided. The provider recommended Flexeril 10 mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg take 1 twice daily PRN #60:** Upheld

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

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

**Decision rationale:** The request for Flexeril 10 mg take 1 twice daily as needed #60 is not medically necessary. The California MTUS Guidelines recommend Flexeril is an option for short course of therapy. The greatest effect of this medication is in the first 4 days of treatment,

suggesting that the shorter courses may be better. Treatment should be brief. The request for Flexeril 10 mg with a quantity of 60 exceeds the guideline recommendation of short-term therapy. The provided medical records lack documentation of significant objective functional improvement with the medication. The provider's rationale for the request was not provided within the documentation. There was a lack of an adequate and updated physical examination of the injured worker in the medical documents submitted. As such, the request is not medically necessary.