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| <b>Case Number:</b>   | CM14-0150545 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 02/08/2014 |
| <b>Decision Date:</b> | 10/17/2014   | <b>UR Denial Date:</b>       | 09/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2014 |

### 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 Pain 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 injured worker is a 29 year old female with a date of injury of 2/8/14. She injured herself while working as a nurse; repositioning an injured worker in bed. At that time she experienced low back pain as well as pain radiating in to the left thigh and numbness in the anterolateral left leg. The injured worker has a past medical history of low back pain with left lower extremity radicular symptoms in 2011. A physical examination performed on 6/27/14 showed symmetrical lower extremity reflexes, positive straight leg raise on the left, decreased sensation in the left S1 dermatome and full motor strength in the bilateral lower extremities. A magnetic resonance imaging (MRI) of the lumbar spine dated 3/1/14 showed disc degeneration with a disc protrusion at L4-5 which was greater on the left and causing narrowing and approximation of the transitioning left L5 nerve root. Diagnoses included lumbar spine degenerative disc disease and radiculopathy. Discussion included surgical treatment and conservative treatment measures such as physical therapy and epidural steroid injections. Documentation dated 4/10/14 indicated that the injured worker was taking Flexeril at bedtime and did not want spinal surgery or epidural steroid injections. Tramadol was discontinued and request for Celebrex was made. The injured worker was evaluated by physical therapy on 7/15/14 and plan included aquatic therapy and lumbar stabilization exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

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

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

**Decision rationale:** The injured worker has a lumbar spine pain with diagnoses of lumbar spine degenerative disc disease and radiculopathy. She has a history of low back pain since 2011 and her most recent injury occurred on 2/8/14. She has been using Flexeril at bedtime for muscle spasm. According to Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines muscle relaxants should only be used for short-term treatment of an acute exacerbation and their efficacy has been shown to diminish over time. Additionally, because of their sedating side-effects these medications should be used with caution. The injured worker's low back pain exacerbation occurred 2/8/14 and therefore continued use of Flexeril is not indicated or recommended and therefore is not medically necessary.