

<b>Case Number:</b>	CM14-0154779		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	09/11/1992
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 59-year-old male who reported an injury on 09/11/1992. The mechanism of injury was not provided. Diagnoses included lower leg pain in joint, osteoarthritis of the lower leg, unspecified muscle ligament. Past treatments, diagnostic studies, and surgical history were not provided. On 09/24/2014, the provider wrote a statement regarding the injured worker. The statement stated the injured worker's injury was over 21 years old, but the injured worker continued to have pain which was controlled with medications. Flexeril, classified as a muscle relaxant, has been helpful for pain control for the injured worker. The provider goes on to state that the injured worker does not overuse medication and uses as appropriate to control pain and maximize function after work place injury. Medications include Flexeril. The rationale and Request for Authorization were not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, #90:** Upheld

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

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

**Decision rationale:** The request for Flexeril 10mg, #90 is non-certified. The patient has a history of chronic pain. California Medical Treatment Utilization Schedule (MTUS) recommends that non-sedating muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 weeks to 3 weeks. It is unclear how long the patient has been on Flexeril. There is a lack of documentation of the VAS scale on the pain. There is a lack of documentation as to the functional improvements provided from taking said medication. Flexeril is not recommended for long term use. It is unclear what other medications the injured worker is receiving. It is unclear of the frequency of use of said medication on the request. As such, the request for Flexeril 10mg, #90 is not medically necessary.