

<b>Case Number:</b>	CM14-0158636		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	12/30/2009
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Family 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:

Patient had a date of injury on 12/30/2009. Patient injured his low back at work. Diagnosis includes: status post (S/P) L3-L4 fusion, chronic lumbar radiculopathy, lumbar post laminectomy syndrome, intractable pain. Medications include: Butrans patch, Percocet, Flexeril, Doxopin, Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Flexeril 10mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to guidelines Flexeril is recommended as an option, using a short course of therapy. It is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. It is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in lower back pain (LBP) and is associated with drowsiness and dizziness. The patient has been on

Flexeril for a prolonged period of time which is not recommended and thus not medically necessary.