

<b>Case Number:</b>	CM14-0163475		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2014

### 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 Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 64 year-old female with the date of injury of 03/29/2011. The patient presents with pain in her lower back, radiating down her legs bilaterally. The patient presents tenderness over the lumbar paraspinal region and limited range of lumbar motion. Exam reveals positive straight leg raise and negative Patrick's sign. The patient rates her pain as 9/10 without medication and 5-6/10 with medication. The patient is currently taking Norco, Tramadol, butrans, ambien, Celebrex, Flexeril, Zithromax Z-pak, Norvasc, Medrol, Albuterol, Flonase, Estratest HS, Scopolamine, Lotriminaf, bactrim DS, celebrex, Singulair, restoril. According to [REDACTED] on 06/18/2014, diagnostic impressions are: 1).Low back pain 2).Lumbar degenerative disc disease 3).Lumbar post laminectomy syndrome 4).Myalgia5).Numbness6).Chronic painThe utilization review determination being challenged is dated on 09/04/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/07/2014 to 08/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg 1 tab by mouth twice daily prn for muscle spasms #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with pain and weakness in her lower back and legs. The request is for Flexeril 7.5mg #60. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, generic available): Recommended for a short course of therapy." The treater's reports do not contain any indication of exactly when the patient began taking Flexeril or how Flexeril has been helpful in terms of decreased pain or functional improvement. The treater does not indicate that this medication is to be used for a short term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. Review of the reports show that the patient has used Flexeril since at least 03/07/2014. The request for Flexeril is not medically necessary.