

<b>Case Number:</b>	CM14-0020909		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Occupational 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 patient is an employee of [REDACTED] and submitted a claim for sprain of the thoracolumbar region associated with an industrial injury date of October 26, 2012. Treatment to date has included NSAIDS, opioids, acupuncture, chiropractic sessions, physical therapy, and pool therapy. Medical records from 2013 to 2013 were reviewed. The patient complained of chronic low back pain. Physical examination showed diffused cervical spine tenderness with mildly decreased range of motion, bilateral shoulder tenderness, and positive impingement sign bilaterally, lumbar range of motion was restricted at extension and lateral bend of 20 degrees. The patient is noted to have been taking Flexeril since July 2013. Utilization review from January 22, 2014 denied the request for Flexeril 10MG, #30. The patient was noted to be on chronic Flexeril use with little sustained benefit. Guidelines state that Flexeril is not intended for chronic use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42, 63.

**Decision rationale:** As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, Flexeril, a brand name of Cyclobenzaprine, is recommended as an option as a short-course therapy for treating musculoskeletal conditions such as pain associated with muscle spasms. Page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been taking Flexeril since July 2013. Although there was documented pain relief especially at night, long-term use is still not recommended. Objective findings likewise do not provide evidence for presence of muscle spasm necessitating its use. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Flexeril 10MG #30 is not medically necessary.