

<b>Case Number:</b>	CM14-0022418		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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, has a subspecialty in Pain Management 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:

This is a 60-year-old male with a 10/14/2009 date of injury. A specific mechanism of injury was not described. A modified certification was rendered on 2/7/14. Approval was provided for Norco, Mirtazapine, and Klonipin, and Flexeril was found not medically necessary. Reasons for non-certification include spasms chronic in nature. The 4/30/14 medical report identifies tenderness to palpation over the paraspinals musculature. There was diminished sensation over the right L5 dermatome. The 4/10/14 medical report identifies right knee pain, low back pain with radiation to the right leg, anxiety due to pain, insomnia due to pain. An exam revealed slight swelling and moderate tenderness over the medial region. SLR was positive. There were muscle spasms and tenderness. The 2/27/14 report also identify muscle spasms and also identifies a request for Flexeril 10mg one qpm #15 per month. 1/10/14, 11/26/13 medical reports also identified muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10MG:** Upheld

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

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

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The records document muscle spasms, however, these are noted to be chronic in nature as they were present for more than 3 months. In this context, the benefit of the medication was not clearly delineated, as the patient continued with spasms despite medication intake. There is also a more recent medical report that requests Flexeril #15 per month, however, there was no indication for the necessity of the continued use of this medication. There was also no medication treatment plan with a specific end point of treatment. The medical necessity was not substantiated.