

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0023491 |                              |            |
| <b>Date Assigned:</b> | 02/26/2014   | <b>Date of Injury:</b>       | 12/04/2002 |
| <b>Decision Date:</b> | 02/28/2014   | <b>UR Denial Date:</b>       | 01/23/2014 |
| <b>Priority:</b>      | Expedited    | <b>Application Received:</b> | 02/25/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 52 year-old male sustained an injury on 12/4/02 while employed by [REDACTED]. Request under consideration include URGENT Flexeril 10mg 1 PO BID #60. Report of 12/16/13 from [REDACTED] noted the patient with complaints of bilateral knee and lower back pain. Exam revealed antalgic gait; patient using a cane; unable to heel and toe maneuver; restricted motion due to pain and weakness to lower extremity. Diagnoses included Cervical spine sprain/strain; L5-S1 pseudoarthrosis; L5 radiculopathy; s/p lumbar decompression (L4-5 laminectomy/discectomy 2/3/04; L4-5 microdiscectomy 8/17/05; 2 stage L3-S1 fusion in March and April 2009); Left knee pain s/p surgery 11/2/06; bilateral knee arthrosis; meniscal degeneration, bilateral knee internal derangement. Request was non-certified on 1/23/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT Flexeril 10mg 1 PO BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64 and 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 128.

**Decision rationale:** This 52 year-old male sustained an injury on 12/4/02 while employed by [REDACTED]. Request under consideration include URGENT Flexeril 10mg 1 PO BID #60. Report of 12/16/13 from [REDACTED] noted the patient with complaints of bilateral knee and lower back pain. Exam revealed antalgic gait; patient using a cane; unable to heel and toe maneuver; unchanged restricted motion due to pain and weakness to lower extremity. Diagnoses included Cervical spine sprain/strain; L5-S1 pseudoarthrosis; L5 radiculopathy; s/p lumbar decompression (L4-5 laminectomy/ discectomy 2/3/04; L4-5 microdiscectomy 8/17/05; 2 stage L3-S1 fusion in March and April 2009); Left knee pain s/p surgery 11/2/06; bilateral knee arthrosis; meniscal degeneration, bilateral knee internal derangement. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2002. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of changed clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient with chronic pain complaints. The URGENT Flexeril 10mg 1 PO BID #60 is not medically necessary and appropriate.