

<b>Case Number:</b>	CM14-0031907		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 57-year-old man who sustained a work-related injury on June 11, 2013. Subsequently, he developed chronic low back and neck pain. He has a history of 2 lumbar surgeries in the lumbar spine on 2010 and 2013. According to a note dated January 23, 2014, the patient has been complaining of neck pain and lower back pain radiating down his left leg. Cervical MRI dated December 2013 showed herniated discs at C2-3, C3-4, C4-5, and C6-7. His physical examination of the cervical spine revealed bilateral tenderness with reduced range of motion and spasms of the cervical and trapezius muscles. His physical examination of the lumbar spine revealed bilateral tenderness and spasms of the L3-5 paraspinal muscles with reduced range of motion. Motor examination showed mild motor weakness in all extremities. There is decreased sensory to pin-prick along the right lateral leg and the left lateral leg. Deep tendon ankle reflexes are decreased in the bilateral lower extremities. The patient was diagnosed with lumbar disc disease; lumbar radiculopathy; cervical disc herniation, multi levels, cervicalgia, and muscle spasm. His medications included: Flexeril, Neurontin, Terocin Patch, Lidocaine, and Ketoprofen. The provider requested authorization to use Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg twice a day #60: Upheld**

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

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

**Decision rationale:** According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case has been using Flexeril for many months on a daily basis without any significant reduction of spasm. Therefore, the request of Flexeril is not medically necessary.