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| <b>Case Number:</b>   | CM14-0033144 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 03/02/2010 |
| <b>Decision Date:</b> | 08/05/2014   | <b>UR Denial Date:</b>       | 03/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/16/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 60 year old female who sustained an injury on 03/02/10 when she slipped her fell striking her buttocks on a step. The injured worker was assessed with a sciatic nerve injury as well as a left-sided sacroiliac joint injury. Prior treatment has included the use of multiple medications including Lyrica, Zoloft and Cymbalta. The injured worker was also utilizing narcotic analgesics for pain such as Oxycodone. The injured worker was utilizing muscle relaxers such as Flexeril for long-term basis. The injured worker did have prior epidural steroid injections on 07/23/10. Radiographs of the lumbar spine and sacrum from 05/06/10 noted mild degenerative disc disease at L4-L5. The injured worker was seen 01/20/14 for continuing chronic low back pain. No specific findings on physical exam were noted. This report was hand-written and difficult to interpret due to hand-writing copy quality. It does appear that no pertinent changes were present in the injured worker's presentation. The requested Flexeril 10mg was denied by utilization review on 03/14/14.

### 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 Muscle Relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-67.

**Decision rationale:** The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, the request is non-specific in regards to quantity, duration, or frequency. In regards to the use of Flexeril 10mg, based on the clinical documentation provided for review and current evidence based guideline recommendations, this medication is not medically necessary.