

<b>Case Number:</b>	CM14-0039677		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/16/2002
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 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 injured worker is a 45 year old male who sustained injury on 10/16/02 while moving trash into a container. The injured worker developed complaints of pain in the left side which caused him to fall to his knees. Prior to the date of injury the injured worker had an extensive amount of treatment including bilateral carpal tunnel releases. Following the injury the injured worker had laminectomy and discectomy followed by instrumented fusion at L5-S1 in 2003. The injured worker had multiple lumbar surgical procedures. No recent clinical documentation was submitted for review. Clinical documentation contained old comprehensive evaluations from 2003 and 2004. The requested Flexeril 10mg #30 with two refills was denied on by utilization review on 03/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, quantity 30, refills 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** In regards to the request for Flexeril 10mg quantity 30 with two refills, this reviewer would not have recommended this medication as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. There is a paucity of recent clinical evaluation and clinical assessments for the injured worker to establish the ongoing use of Flexeril. Per guidelines Flexeril is not recommended as a long term use medication for the treatment of musculoskeletal spasms or chronic pain. Given the absence of any recent clinical assessments for the injured worker establishing the need for this medication or subsequent refills this reviewer would not have recommended this request as medically necessary.