

<b>Case Number:</b>	CM14-0045906		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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:

The patient is a 41-year-old male with a 1/30/12 date of injury. There is documentation of subjective ongoing low back and left leg pain; some increased spasm recently. There are objective findings of tenderness to palpation in the left L5/S1 paraspinals, increased pain at end ranges of flexion and extension, antalgic gait. Current diagnoses are L5-S1 disc herniation, left L5 radiculopathy, history of bilateral sacral joint dysfunction. Treatment to date includes home exercise program, activity modification, and medications (including Flexeril since at least 1/14). The 2/5/14 medical report identifies that the patient noted some benefit with the surface pain from the Flector patch and the Flexeril. There is no documentation that Flexeril is used as a second line option for short-term treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Flexeril use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of L5-S1 disc herniation, left L5 radiculopathy, history of bilateral sacral joint dysfunction. In addition, there is documentation of acute exacerbation of chronic low back pain. However, there is no documentation that Flexeril is used as a second line option and for short-term treatment. In addition, given documentation of Flexeril use since at least 1/14, and despite documentation of some benefit with the surface pain from the Flexeril, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10 mg #60 is not medically necessary and appropriate.