

<b>Case Number:</b>	CM14-0066893		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/24/2003
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 68 year old female who was injured on 12/24/03. The mechanism of injury is undisclosed. Diagnoses include left rib intercostal neuroma, comminuted pelvis fractures, intertrochanteric fracture, right femoral neck fracture, status post L2 through L5 decompression, lumbar radiculopathy, failed lumbar surgery, chronic pain syndrome, resolved pneumothorax, major depression, and deconditioning. The clinical note dated 03/25/14 indicated the injured worker was recommended a more extensive L2 to L3 and L3 to L4 laminectomy with fusion to which the injured worker agreed to proceed. The injured worker required clearance from a cardiologist to which documentation from the appointment was not provided for review. The injured worker reported significant chest pain overridden by low back and left leg pain which interfered with her activities and sleep, low back pain is constant averaged at 8 to 9/10 radiating to the bilateral lower extremities, left greater than right with associated numbness in the bilateral feet and a burning sensation in the left leg, muscle spasms in the bilateral lower extremities, left chest pain as burning and electric like sensation with shooting to her sides rated at 10/10 in intensity without medications, medications provide eighty percent pain reduction were noted. Physical assessment revealed deconditioned female ambulating with an antalgic gait, excessive lordosis, manual muscle strength revealed give away weakness left greater than right, reflex was trace and symmetric, sensation decreased to pin prick at the left L3 and L4 levels of dermatomal distribution and in stocking distribution bilaterally, mild to moderate tenderness along the cervical/thoracic/lumbar spine and shoulders, and muscle strength slightly diminished. Treatment plan included lumbar spine surgery as recommended, stretching and exercising, and medications to include Oxycontin, Norco, and Flexeril. The initial request for Flexeril 10 milligrams quantity thirty was initially non certified on 04/12/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30:** Upheld

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

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second line option for short term (less than two weeks) treatment of acute low back pain and for short term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the two to four week window for acute management also indicating a lack of efficacy if being utilized for chronic flare ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of Flexeril 10 milligrams quantity thirty cannot be established at this time.