

<b>Case Number:</b>	CM14-0084509		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 61-year-old female who reported an injury on 09/28/2011 due to a bending injury. On 04/22/2014, the injured worker presented with left-sided low back pain. Current medications included Norco, Voltaren ER, and Flexeril. Diagnoses were persistent low back pain, an MRI dated 07/10/2012 of the lumbar spine revealed multi degenerative disc disease and left-sided foraminal stenosis at the L5-S1 and right-sided annular tear L4-5 and subtle protruding disc in the right foramen as well as L4-5, rule out lumbar facet joint syndrome of the left. Prior therapy included acupuncture and home exercise. There is no physical examination provided at this time. The provider requested Flexeril, the provider's rationale was not provided. The Request for Authorization Form was dated 05/19/2014.

### 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 (Flexeril) Page(s): 41.

**Decision rationale:** The request for Flexeril 10 mg with a quantity of 30 is non-certified. California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for Flexeril 10 mg with a quantity of 30 exceeds the guideline recommendation for short term treatment when combined with the previous use of the medication. The provider medical records lacked documentation of significant objective functional improvement with the medication. The provider's rationale for the request was not provided within the documentation. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, the request is non-certified.