

<b>Case Number:</b>	CM14-0121519		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/29/1996
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old man who sustained a work related injury on April 29, 1996. Subsequently, he developed chronic low back pain. Prior treatments included: analgesic medications, physical therapy (it did help with pain), transfer of care to and from various providers in various specialties, and extensive periods of time off of work. According to a progress report dated June 3, 2014, the patient complained of lower back and bilateral knee pain. On exam, the patient had palpable tenderness over the Iliolumbar and superior trapezius. The patient had Iliolumbar tenderness on palpation and flexion at the waist to knee and on extension. Tenderness with full flexion and extension of both knees. The patient was diagnosed with chronic low back pain and bilateral knee pain. The provider requested authorization for Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #60 Lumbar:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, Flexeril, non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for Flexeril 5 mg # 60 is not medically necessary.