

<b>Case Number:</b>	CM14-0198219		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Family Medicine and is licensed to practice in Florida. 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 an adult male with a date of injury of 4/29/2010. The mechanism of injury described is having his left foot caught in a conveyor belt. After he fell, the tracks of a large machine rolled over his right thigh and pelvis. It is noted that he has undergone at least 18 surgical procedures, including skin grafts and muscle transplants. He is status post left ankle fracture injury with flap coverage surgery and release with persistent ankle contracture. He is also noted to have low back pain. In addition to the aforementioned surgical procedures, he has also received treatment with physical therapy and medications. A 10/23/2014 progress note states that the patient is on total disability until December 31st 2014. It is noted on a 9/25/2014 Orthopedics consultation note that the patient has not worked since 4/29/2010. A 10/23/2014 progress note's physical exam documents the following: "He still has a plantar contracture of about 15 degrees. There is no wound opening at all since the last visit." A utilization review physician did not certify a request to allow this patient to continue on the chronic narcotic medication, Flexeril. Therefore, an independent medical review of this case was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

**Decision rationale:** In accordance with the California MTUS guidelines, Flexeril is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Flexeril is not medically necessary.