

<b>Case Number:</b>	CM14-0198775		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab, has a subspecialty in Pain Medicine 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 injured worker is a 57-year-old male with an original date of injury on July 5, 2013. The mechanism injury was pulling on a 30 feet scaffold and feeling a sharp pain in his back. The industrially related diagnoses are lumbar disc bulge at L4-L5 and L5-S1 with annular tear, bilateral L5 lumbar radiculopathy, right-sided sciatica, lumbar facet hypertrophy with disc bulge at L4-L5 and L5-S1 with bilateral neuroforaminal narrowing, and chronic myofascial pain syndrome. The patient had a trigger point injection of the right iliolumbar ligament on 8/26/2013. He has had transforaminal epidural steroid injection of L L5 and S1 on October 30, 2013 with no relief of symptoms. The patient subsequently had a medial branch block of L4 and L5 bilaterally on February 19, 2014, which offered 70% symptom relief. An electromyogram and nerve conduction study of bilateral lower extremity performed on September 19, 2013 show bilateral L5 radiculopathy and possible left peroneal neuropathy. Treatment to date includes tramadol, baclofen, Flexeril, Neurontin, lidocaine patches, orphenadrine, back brace, heat and cold packs, acupuncture sessions, and Toradol injections. A lumbar spine MRI on July 29, 2013 indicate disc bulge at all levels most notably at L4-5 with severe facet arthropathy, ligamentum flavum hypertrophy, mild canal stenosis, severe left foraminal narrowing, and intraspinal hypertrophy. The disputed issue is the request for Flexeril 7.5 mg quantity of 60 tablets. A utilized patient on November 14, 2014 has modified this request to quantity of 20 tablets. The rationale for modification was within the provided documentation, there is no evidence of chronic pain, muscle spasm of the paraspinal lumbar muscles, no evidence of recent use of flexeril. The guidelines recommend the use of Flexeril in a short course of therapy up to 2-3 weeks, therefore Flexeril is reasonable in this case for the treatment of acute exacerbation of muscle spasticity. The order was for 60 tablets of Flexeril to be taken once daily at bedtime. The treatment request is modified to 20 tablets, and the additional quantities were noncertified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Flexeril 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The injured worker has been treated with multiple muscle relaxants including Norflex, Baclofen, and Flexeril since 5/2014. There is no clear documentation of functional or symptomatic improvement with these muscle relaxants. It is unclear why the patient was given different types of muscle relaxants over time as there was no documentation of failure of treatment, or side effects from other medications. The guidelines support short-term use of muscle relaxants for acute flare-up of symptoms. The patient has been on muscle relaxants for at least 6 months. Therefore continue use is not recommended, and this medication is not medically necessary.