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| <b>Case Number:</b>   | CM14-0207557 |                              |            |
| <b>Date Assigned:</b> | 01/30/2015   | <b>Date of Injury:</b>       | 06/15/2012 |
| <b>Decision Date:</b> | 07/27/2015   | <b>UR Denial Date:</b>       | 12/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/11/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### 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 64 year old male, who sustained an industrial/work injury on 6/15/12. He reported initial complaints of lumbar spine pain to buttocks. The injured worker was diagnosed as having lumbar radiculopathy, lumbar disc displacement. Treatment to date has included medication, physical therapy, and diagnostic testing. MRI results were reported on 2/6/14. X- Rays results were reported on 3/3/14. Currently, the injured worker complains of pain in lumbar spine that radiates to the buttocks and down the right lower extremity. A cane was used for ambulation due to antalgic gait. Pain was rated 8/10 without medication and 5/10 with medication. Per the primary physician's progress report (PR-2) on 11/20/14, examination revealed numbness and weakness on the right at L4, L5, and S1, positive straight leg raise test on right, unable to heel walk and toe walk right, positive lumbar tenderness, and decreased range of motion about 60%. The requested treatments include Flexeril 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90 1 po tid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscles relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.