

<b>Case Number:</b>	CM14-0208381		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	10/04/2004
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal 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:

This female worker was injured on 10/04/2004 while being employed. On physicians progress report dated 11/11/2014 she complains of chronic back pain. Her diagnoses were status post L5-S1 lumbar fusion; persistent low back pain, depression and anxiety due to chronic pain, status post endoscopic evaluation of the stomach x3 with history of ulcers and exacerbation of symptoms due to fall when right leg gave out to due chronic back pain. The injured worker was noted to not have been cleared for physical therapy. Her medication regimen was as followed: Norco 10/325mg one table every 6 hours, Phenergan 25mg PRN, Colace 250mg PO BID, Flexeril 10mg 1 PO BID, Prilosec 20mg PO QD, Cymbalta 60 mg PO BID, Lipitor 20mg PO QD, Lactulose 1 to 2 tablespoon 1 to 2 times a day and Lyrica 75mg 1 tablet PO BID. Her work status was noted as permanent and stationary. Treatment plan was noted as followed: Norco #90 with a postdated prescription to be filled on 12/09/2014, Cymbalta 60mg #60 and Flexeril #120, follow up with spine surgeon as scheduled and follow up appointment in 2 months.

Documentation submitted included an x-ray of the lumbosacral spine dated 07/10/2014 which was noted as status post anterior fusion at L3-L4 and L4-L5, bilateral pedicle screws at L3-L4 and L5, laminectomy at L4, alignment is normal, moderate compression of the superior endplate of L2, mild narrowing of the L2-L3 disc and the L5- S1 appears fused. The Utilization Review dated 12/02/2014 non-certified the request for Flexeril 10mg BID #120 as not medical necessary and certified the request for Norco10/325mg TID #90 DND until 12/09/2014 , Norco 10/325mg TID #90 and Cymbalta 60mg BID #60 as medical necessary. The reviewing physician referred to CA MTUS Chronic Pain Medical Treatment Guidelines for recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #120 is not medically necessary. Muscle relaxants recommended for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appeared to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are status post L5 - S1 lumbar fusion; persistent low back pain; compression fracture at L2 vertebral body; depression and anxiety due to chronic pain; status post endoscopic evaluation of stomach with history of ulcers, nonindustrial; and exacerbation of symptoms to fall in June 2007. Documentation shows the injured worker was taking Zanaflex in a progress note dated May 29, 2014. Zanaflex is a muscle relaxant. Flexeril was added to the drug regimen at that time. The documentation is unclear as to whether both muscle relaxants were being used concurrently. In subsequent progress notes, Flexeril 10 mg is renewed on a regular basis. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain or short-term treatment in patients with acute exacerbations in patients with chronic low back pain. Most recent progress note dated November 11, 2014 indicates the injured worker is still taking Flexeril 10 mg. The treating physician has exceeded the recommended guidelines without supporting clinical facts. The documentation does not contain evidence of drug efficacy and objective functional improvement. Consequently, absent clinical documentation to support ongoing use of Flexeril and its efficacy with objective functional improvement, Flexeril 10 mg #120 is not medically necessary.