

<b>Case Number:</b>	CM15-0005633		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/16/2002
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old female, who sustained an industrial injury on 7/16/2002. The current diagnoses are degeneration of the lumbar or lumbosacral intervertebral disc, lumbar radiculopathy, and arthropathy of the lumbar facet joint. Currently, the injured worker complains of thoracic and lumbar back pain that radiates down left leg to right above the knee. The pain is rated 3/10 with medications and 7/10 without. Current medications are Norco, Lyrica, and Celebrex. Treatment to date has included medications and epidural steroid injections. On 9/15/2014, the injured worker underwent an L2-3 lumbar epidural steroid injection which was greatly beneficial and provided her with at least 60% pain relief. The MRI showed left foraminal disc protrusion at L2-3 deflecting the left L2 nerve root. The treating physician is requesting Flexeril 10mg #120, which is now under review. On 12/12/2014, Utilization Review had non-certified a request for Flexeril 10mg #120. The Flexeril was modified to allow for tapering and discontinuation. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### 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 for pain.

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

**Decision rationale:** Regarding the request for Flexeril, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment (2-3 weeks) of acute exacerbations of pain. Within the documentation available for review, there is no identification of any muscle spasms. Additionally, the request for #120 is not consistent with the CA MTUS recommendations for no more than 3 weeks of treatment and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Flexeril is not medically necessary.