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| <b>Case Number:</b>   | CM15-0107253 |                              |            |
| <b>Date Assigned:</b> | 06/11/2015   | <b>Date of Injury:</b>       | 02/18/2014 |
| <b>Decision Date:</b> | 07/13/2015   | <b>UR Denial Date:</b>       | 05/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/03/2015 |

### 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

### 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 47-year-old male who sustained a work related injury February 18, 2014. While working on a high rise as a window cleaner, he began to experience lower back pain extending to mid back. He was treated with rest, medication, physical therapy, and underwent x- rays and an MRI of the lower back. According to a secondary treating physician's progress evaluation dated April 30, 2015, the injured worker is better in terms of his low back pain following epidural steroid injections x 2. He continues to have some increased episodes of cramping type pain in his low/mid-back and does feel occasional constipation. Most of his medications are discontinued including tramadol and Mobic. He is taking Flexeril for muscle spasm on rare occasion. He will be decreased by 50% and given one last prescription of Flexeril 5mg twice a day as needed #40 and be released from this office for regularly scheduled appointments, and only return on an as needed basis. Diagnoses are lumbar sprain/strain; lumbar disc protrusions per MRI; lumbar radiculitis; caudal lumbar facet syndrome; palpable painful mass on the lower right lumbar region, 1cm mobile mass, above the posterior superior iliac crest. Treatment plan included the request for authorization for Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg, #40: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** In general, guidelines do not recommend long-term use of this muscle relaxant for a chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports; however, have adequately demonstrated the indication and medical need for this treatment as there are significant clinical findings of muscle spasm, occasional acute flare-up as the patient continued to function, to support for its current short-term use. There is report of functional improvement resulting from its treatment to support further use as the patient remains functioning for this short course of treatment. The Flexeril 5mg, #40 is medically necessary and appropriate.