

<b>Case Number:</b>	CM15-0013409		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	02/19/2007
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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 40 year old male who sustained an industrial injury on 02/19/07. He reports back pain radiating from the low back to the anterior thigh and medial knee, and lower backache. Treatments to date include medications, right laminectomy, lumbar ESIs, and psychiatric evaluation. Diagnoses include cervical spine strain with radiculopathy and lumbar spine discectomy. In a progress noted dated 12/18/14 the treating provider reports lumbar spine range of motion limited by pain. The treatment plan consists of continued medications. On 01/15/15 Utilization Review non-certified flexeril citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain, Cyclobenzaprine.

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

**Decision rationale:** The injured worker is being treated for chronic low back pain with radiation into the left lower limb. The reported physical examination is significant for restricted lumbar range of motion secondary to pain. Palpation of the lumbar paraspinal muscles demonstrated muscle spasms and tenderness. Lumbar facet joint loading is positive for pain. Straight leg raise test is positive on the left. Request has been made for continuation of Flexeril 10 mg 3 times a day as needed. MTUS guidelines recommends against muscle relaxants for long-term use; whereas in fact it is indicated for a short-term course of therapy for symptom improvement. Physical exam documentation does not indicate symptom improvement in muscle spasms with several months of daily utilization of Flexeril. Therefore, the medication as prescribed is not medically necessary.