MAXIMUS Federal Services

| Case Number: | CM15-0130456 | | |
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| Date Assigned: | 07/16/2015 | Date of Injury: | 09/22/2006 |
| Decision Date: | 08/12/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 07/07/2015 |

## 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: Preventive Medicine, Occupational Medicine

## 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 45 year old female who sustained an industrial injury on 09/22/2006. Mechanism of injury occurred when she went to grab a hand cart before it rolled down a hill. Diagnoses include chronic low back pain, lumbar discogenic pain, lumbar degenerative disc disease, bilateral chronic L5-S1 radiculitis, lumbar myofascial pain syndrome, and chronic pain syndrome. Treatment to date has included diagnostic studies, medications, injections, Transcutaneous Electrical Nerve Stimulation unit and physical therapy. Her medications include Lyrica, Motrin, Tramadol and Flexeril as needed with good relief. A urine drug screen done on 05/11/2015 was consistent with her medications. An unofficial report of a Magnetic Resonance Imaging of the lumbar spine done on 05/17/2010 showed L5-S1 degeneration, focal central disc protrusion up to 4mm producing mild central and moderate bilateral neuroforaminal stenosis. A physician progress note dated 06/08/2015 documents the injured worker has aching pain in the low back with radiation to her lateral legs worse on the left. She rates her pain before medications as 8-9 out of 10, and it comes down to 6-7 out of 10 with medications. She states without the medications she would be lying in bed. With medications she is able to get up and do some housework, cook and clean and do her home exercises. She has tenderness in the paraspinal muscles, and range of motion is restricted. Lower extremity reflexes are trace with this visit. Treatment requested is for Flexeril tablets 10mg #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril tablets 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbation, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker has been using Flexeril in a chronic nature although the exact time frame is uncertain. There is no documentation of increase function with the use of the medication and there is no spasm noted on physical exam. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril tablets 10mg #90 is determined to not be medically necessary.