

<b>Case Number:</b>	CM15-0130954		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	09/14/2013
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New York

Certification(s)/Specialty: Anesthesiology

### 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 42 year old male, who sustained an industrial injury on 9/14/13. The injured worker was diagnosed as having lumbar spine disc herniation with radiculopathy, left shoulder strain-sprain, tendinitis, rule out left shoulder impingement syndrome and left elbow strain-sprain. Treatment to date has included chiropractic treatment, 21 sessions of physical therapy, oral medications including Flexeril and Motrin. Currently on 5/6/15, the injured worker complains of low back pain rated 7/10, increased from 6/10 on previous visit. He has been asymptomatic regarding his left shoulder and left elbow since his last visit. He is currently temporarily totally disabled. Physical exam performed on 5/6/15 revealed tenderness to palpation over the paraspinal muscles, unchanged since previous visit and restricted range of motion. A treatment plan-request for authorization was submitted on 5/13/15 for Flexeril 7.5mg #60 and Ibuprofen 600mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril (Cyclobenzaprine) 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine) Page(s): 41-42.

**Decision rationale:** According to the reviewed literature, Flexeril (Cyclobenzaprine) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, there are no muscle spasms documented on physical exam. There is no documentation of functional improvement from any previous use of this medication. There is no documentation as to how long the injured worker has utilized Flexeril. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

**Motrin (Ibuprofen) 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

**Decision rationale:** Motrin (Ibuprofen) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. CA MTUS recommends NSAIDs at the lowest possible dose for the shortest length of time. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. The documentation indicates the claimant has had significant low back pain. Guidelines recommend a maximum dose of 3200 mg/day. Documentation does not note how long the injured worker has utilized Motrin. Medical necessity for the requested item has not been established. The requested NSAID is not medically necessary.