

<b>Case Number:</b>	CM15-0132925		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	03/08/2005
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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 56 year old female, who sustained an industrial injury on March 8, 2005. She reported a continuous trauma injury of the back. The injured worker was diagnosed as having left lumbar radiculitis, status post lumbar surgery on February 7, 2006 with mild intermittent radicular symptoms and residual pain. Diagnostic studies to date have included: On May 12, 2011, electromyography/nerve conduction velocity studies revealed a slight chronic left lumbar 5 and Left sacral 1 lumbar radiculopathy. On July 2, 2011, an MRI of the lumbar spine revealed a 1-2 millimeter posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. At lumbar 5-sacral 1, there was minimal to mild left neural foraminal narrowing secondary to a 1-2 millimeter posterior disc bulge and facet joint hypertrophy, status post left hemilaminectomy at lumbar 5. Treatment to date has included a transcutaneous electrical nerve stimulation (TENS) unit, ice, a home exercise program, and medications including muscle relaxant, proton pump inhibitor and topical analgesic. There were no noted previous injuries or dates of injury. Work status: to continue working 8 hours per day, only five days per week. She is not to be given 10 days of continuous work and is to follow a conventional work schedule. On May 29, 2015, the injured worker complained of continued low back pain radiating to the left lower extremity, a burning sensation in the inner thighs and intermittent numbness of the left foot. The physical exam revealed a moderately slow gait due to low back pain, normal bilateral knee reflexes, a decreased right ankle, an absent left ankle reflex, and altered sensation over the topical of the left foot and lateral foot in the lumbar 5-sacral 1 dermatome. There was a well-healed and non-tender midline scar at the lumbar 5-sacral 1 area of

the lumbar spine and spasm at the bilateral paralumbar region. There was mild to moderate muscle spasm, greater on the left than the right. There was lumbosacral area tenderness, greater on the left than the right. The lumbar spine range of motion was 80% of normal. The left sitting straight leg raise was positive at 80 degrees. The treatment plan included continuing the Flexeril.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299; 308, Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

**Decision rationale:** Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case the patient has been using flexeril for longer than the recommended amount of time. Continued use is not medically necessary.