

<b>Case Number:</b>	CM15-0144112		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	02/16/1990
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 53-year-old male who sustained an industrial injury on 2/16/90, when he slipped and fell on an icy roof. He underwent an L5/S1 fusion and subsequent L4/5 fusion with instrumentation on 4/12/07. The 5/18/15 lumbar spine MRI documented L4/5 interbody and L4/5 and L5/S1 posterior fusions which were solid. There was severe L3/4 degenerative facet disease and severe spinal canal and lateral recess stenosis. There was moderate neuroforaminal stenosis at L3/4 and L4/5 at the sites of the L3 and L4 nerves. There was severe degenerative disc disease at L5/S1 with 3 mm retrolisthesis at L5/S1. The 6/29/15 treating physician report documented neurogenic claudication with walking tolerance limited to 75 yards. Current medications included ibuprofen, Skelaxin, Elavil, and Norco. Physical exam documented 5-10% flexed stance with further flexion to 30 degrees, and 4/5 hip flexion and knee extension weakness. X-rays were obtained with no evidence of L3/4 instability. An L3/4 decompression was recommended to relieve the severe L3/4 stenosis causing neurogenic claudication. Authorization was requested for lumbar decompression at L3/4 with surgical assistant, one day hospital stay, pre-operative labs, lumbar support and post-operative medications including Norco 10/325 mg #80 and Flexeril 10 mg #75. The 7/16/15 utilization review certified the request for inpatient spinal surgery, including associated requests for surgical assistant, pre-op labs, lumbar support, and post-operative Norco 10/325 mg #80. The request for Flexeril 10 mg #75 was non-certified as there was no rationale for the medical necessity of Flexeril after decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op meds; Flexeril 10mg #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The California MTUS guidelines recommend the use of cyclobenzaprine (Flexeril) as an option, using a short course of therapy, in the management of back pain and for post-operative use. Treatment should be brief. This medication is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have not been met. The post-operative use of Flexeril following surgery may be supported for brief use. There is no specific rationale for the addition of Flexeril in the post-operative period. Another muscle relaxant is reported in current use. Additionally, the quantity of this request exceeds guideline recommendations for brief use. Therefore, this request is not medically necessary.