

<b>Case Number:</b>	CM15-0149901		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old male with an industrial injury dated 12-13-2013. His diagnoses-impression included degenerative disc disease lumbosacral intervertebral disc, degenerative disc disease, cervical and lumbar radiculitis. Prior treatment included physical therapy, medications and diagnostics. He presented on 07-08-2015 with complaints of neck, lower back and bilateral lower extremity pain. His Norco had been reduced and he had been able to manage his pain with the reduction of his medications. He rates the pain as 6 out of 10 with pain medications and 9 out of 10 without pain medications. Physical exam of the cervical spine noted reduced range of motion in all plains with tenderness over the paraspinal and facet joints. Lumbar spine exam noted tenderness over the paraspinal and pain with lumbar flexion and extension. His medications included Hydrocodone/acetaminophen, Cyclobenzaprine, Naproxen Sodium and Omeprazole. The provider notes the patient signed an opioid agreement with the office and there has been no aberrant drug related behaviors. The treatment plan includes medications and work status with no lifting over 10 pounds. The treatment request for review is Flexeril 7.5 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 41-42.

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

**Decision rationale:** According to MTUS guidelines, Flexeril, a non-sedating muscle relaxant, is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent evidence of pain flare or spasm and the prolonged use of Flexeril is not justified. Therefore, the request for Flexeril 7.5mg #60 is not medically necessary.