

<b>Case Number:</b>	CM15-0164965		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	02/26/2009
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old male, who sustained an industrial injury on 2-26-2009. Diagnoses have included chronic pain syndrome, left knee pain, low back pain and depression. Treatment to date has included a home exercise program and medication. According to the submitted documentation, the injured worker had been taking Flexeril as needed since at least 2-4-2015 for periodic spasm. According to the progress report dated 7-6-2015, the injured worker complained of low back and left knee pain. He reported that his pain was stable with his medications. He described his pain as aching and stabbing in the low back and bilateral legs. He rated his pain as four out of ten with medications and eight out of ten without medications. Physical exam revealed an antalgic gait. Exam of the lumbar spine revealed bilateral tenderness and spasm over the paraspinals. Straight leg raise was positive bilaterally. Exam of the left knee revealed tenderness to palpation of the medial and lateral joint line. Authorization was requested for Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 tablets of Flexeril 10mg with 3 refills: Upheld**

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

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

**Decision rationale:** 90 tablets of Flexeril 10mg with 3 refills are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine (Flexeril) is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Flexeril. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week recommended MTUS time frame. The request for Flexeril is not medically necessary.