

<b>Case Number:</b>	CM15-0168131		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on 11-15-2012. The current diagnoses are lumbar intervertebral disc disorder with myelopathy and lumbago. According to the progress report dated 7-23-2015, the injured worker complains of increased lower back and left radicular pain since her last exam. She reports associated headaches with her low back pain. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness over the midline L4-L5-S1 with moderate paravertebral muscle spasms, tenderness over the left sciatic notch and sacroiliac joint, range of motion is 30 degrees with forward flexion and 10 degrees with extension, and decreased sensation over the left lateral calf and foot. The current medications are Flexeril and Colace. There is documentation of ongoing treatment with Flexeril since at least 2-26-2015. Treatment to date has included medication management, X-rays, local heat, home exercise program, and TENS unit. Per notes, request for surgery as recommended is being appealed. Work status is described as retired. A request for Flexeril has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril/Cyclobenzaprine 10mg QTY: 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2003/017821s0451bl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2003/017821s0451bl.pdf) - Flexeril.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.