

<b>Case Number:</b>	CM15-0169360		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	12/18/2009
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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

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 46 year old male who sustained an industrial injury on 12-18-09. A review of the medical records indicates that he is undergoing treatment for bilateral L2 radiculopathy with bilateral lower extremity weakness, central disc protrusion at L2-3 measuring 3-4 millimeters, lumbar stenosis, lumbar facet joint arthropathy, lumbar sprain and strain, right ear acoustic neuroma, L2-3 mild left neural foraminal stenosis, L3-4 disc protrusion - mild central stenosis, L4-5 disc protrusion - moderate right neural foraminal stenosis - mild-moderate left neural foraminal stenosis, and L5-S1 disc protrusion. Medical records (1-20-15 to 8-6-15) indicate that the injured worker has had ongoing complaints of low back pain, radiating to his right buttock, right intercostal muscles, right groin, and right medial thigh. The treating provider indicates that the urine drug screen on 6-25-15 was "consistent with medications" (8-6-15). The physical exam has remained unchanged from 1-20-15 to 8-6-15, indicating that the injured worker was positive for lumbar spasms. His current medications include Flexeril 10mg at bedtime as needed for spasms, Baclofen cream, Naproxen cream, Tramadol cream, Norco 10-325 three times daily as needed for pain, Cymbalta, and Medical THC. Vicodin 5mg once daily as needed had previously been tried (8-6-15). The records indicate that Flexeril was initiated on 1-20-15 and was ordered as 10mg every day, routinely. The 2-19-15 progress record indicates that the Flexeril was being taken on an "as needed basis". The treating provider indicates that the Flexeril "allows him to have an additional 2 hours of sleep per night due to decreased spasms" (8-6-15). The injured worker is currently partially disabled. He has weight restrictions of no more than 25 pounds of lifting, as well as no repetitive bending. A transforaminal epidural

steroid injection for L2-3 is pending authorization. The request for authorization, dated 8-12-15, includes Flexeril 10mg daily, #30 with no refills. The utilization review (8-19-15) indicates denial of the Flexeril with the rationale that the medication is intended for short-term use and that it is currently being used long-term.

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

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

**Flexeril 10mg #30 (prescribed 8/6/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of having used Flexeril chronically leading up to this request. Although there was report of this medication leading to improved sleep and less muscle spasm, this drug type is not recommended for long-term use, and should be reserved for short courses to treat acute exacerbations. Therefore, this request for Flexeril is not medically necessary.