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| <b>Case Number:</b>   | CM15-0169388 |                              |            |
| <b>Date Assigned:</b> | 09/10/2015   | <b>Date of Injury:</b>       | 11/13/2007 |
| <b>Decision Date:</b> | 10/08/2015   | <b>UR Denial Date:</b>       | 07/27/2015 |
| <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 54-year-old male, who sustained an industrial injury on 11-13-07. The injured worker was diagnosed as having low back pain with right leg symptoms, multilevel degenerative disc disease, facet arthrosis at L4-5 with bilateral neural foraminal stenosis, insomnia due to pain, and bilateral shoulder and elbow complaints. Treatment to date has included Toradol injections and medication. On 7-14-15 and 8-6-15, pain was rated as 4 of 10 with medication and 10 of 10 without medication. The injured worker had been taking Flexeril since at least April 2015. Currently, the injured worker complains of back pain. On 8-10-15, the treating physician requested authorization for Flexeril 10mg #15. On 7-27-15, the request was non-certified; the utilization review physician noted, "As Flexeril is for short term use only, not to exceed 3 weeks." Flexeril is "documented as an ongoing medication in excess of 3 weeks, it is not currently necessary."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #15 per 07/14/15 order:** 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 Flexeril being a regular medicine on his medication list, which was, refilled each office visit for which there was a note to correspond and submitted for review. Although there were signs of muscle spasm, this medication should not be used regularly as was used prior to this request. Therefore, the Flexeril will be considered medically unnecessary at this time.