

<b>Case Number:</b>	CM15-0181241		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: California

Certification(s)/Specialty: Emergency 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 45 year old male, who sustained an industrial injury on 1-21-13. The injured worker was diagnosed as having L4-L5 disc herniation with persistent radicular symptoms. The physical exam on 5-1-14 revealed 9 out of 10 pain, "limited" lumbar flexion and a non-antalgic gait. Treatment to date has included physical therapy, acupuncture, a lumbar epidural injection on 11-4-13 with no benefit, Lodine, Percocet and Flexeril (since at least 3-1-13). As of the PR2 dated 8-18-15, the injured worker reports pain in his lower back. There was no documentation of current pain level or pain levels with and without medications. Objective findings include lumbar flexion 60 degrees, lateral bending 30 degrees bilaterally and tenderness to palpation throughout the lumbar region. The treating physician requested Flexeril 10mg #50. The Utilization Review dated 8-28-15, non-certified the request for Flexeril 10mg #50 and certified the request for Percocet 5-325mg #50.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg Qty 50:** 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication with no documentation of improvement. The number of tablets is not consistent with short-term use. Cyclobenzaprine is not medically necessary.