

<b>Case Number:</b>	CM15-0186955		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	05/03/1996
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 66-year-old male who sustained an industrial injury on 5/3/96. The mechanism of injury was not documented. Past medical history was positive for diabetes and hypertension. The 7/17/15 lumbar spine MRI revealed severe central canal and neuroforaminal stenosis at L3/4 and L4/5. There was a moderate disc bulge with extrusion at L3/4 compressing the exiting L3 nerve root. There was an anterolisthesis of L5 on S1 with a 5 mm disc bulge and extrusion resulting in severe left lateral recess narrowing with displacement of the S1 nerve root. There was severe bilateral L5/S1 neuroforaminal stenosis. At L4/5, there was a moderate annular disc bulge with mild attenuation of the thecal sac and moderate bilateral neuroforaminal narrowing. The 7/23/15 treating physician report cited increasing back and lower extremity pain, weakness and numbness, with progressive difficulty walking. The injured worker utilized a walker for ambulation. Physical exam documented markedly limited back range of motion with muscle spasms, absent patellar and Achilles reflexes, and extensor hallucis longus and peroneal weakness. Authorization was requested for lumbar laminectomy and interbody fusion at L3/4, L4/5 and L5/S1, pre-operative medical clearance, intraoperative neurophysiologic monitoring, Duexis, Ambien, Flexeril, and Norco. The 8/5/15 utilization review certified the requests for lumbar spine surgery, pre-operative medical clearance, intraoperative neurophysiologic monitoring, Duexis, Ambien, and Norco. The request for Flexeril was non-certified as there was no documentation of medical necessity to justify the concomitant administration of both non-steroidal anti-inflammatory medication and muscle relaxants.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

**Decision rationale:** The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. Flexeril is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have not been met. This injured worker is certified for L3-L5 lumbar decompression and fusion. Post-operative medications were certified to include Duexis, Ambien and Norco. There is no current indication that the certified medications would be insufficient for post-operative pain management. Additionally, this request lacks a specific quantity being prescribed to establish medical necessity consistent with guideline recommendations for limited short-term use. Therefore, this request is not medically necessary.