

<b>Case Number:</b>	CM15-0188323		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, 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 40 year old female who sustained an industrial injury on 2-28-11. A review of the medical records indicates that the worker is undergoing treatment for status post L4-L5 fusion, bilateral sacroilitis, and rule out scaphoid lunate ligament tear right wrist. Subjective complaints (8-13-15) include lumbar spine pain and right wrist pain. Objective findings (8-13-15) include lumbar spine tenderness to palpation and right wrist tenderness to palpation. Work status was noted as permanent and stationary. Previous treatment includes Vicodin, physical therapy, home exercise, and chiropractic manipulation. The treatment plan includes Tramadol, Flexeril, continue home exercise, consider right wrist injection, urine drug screen, and chiropractic treatment. The requested treatment of Flexeril 5mg #30 was non- certified on 9-9-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Flexeril 5mg #30: 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), Muscle relaxants (for pain).

**Decision rationale:** CA MTUS Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants are not recommended for long-term use. Limited, mixed evidence does not allow for recommendation for long-term use. Three to four days of use for acute spasm is recommended, with no more than two to three weeks of total usage. In this case, the patient has been using Flexeril on a chronic basis, which is contrary to guidelines. Therefore the request is not medically necessary or appropriate.