

<b>Case Number:</b>	CM15-0189425		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	11/30/2004
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 61 year old male, who sustained an industrial injury on November 30, 2004. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having right lower extremity radiculopathy, status post interbody fusion October 2006, reactionary depression-anxiety, industrially related erectile dysfunction, medication-induced gastritis, spinal cord stimulator placement in the lower extremities 07-17-2008, removal of percutaneous placement of spinal cord stimulator 02-08-2010 and right knee medial and lateral meniscus tear secondary to fall. Treatment to date has included diagnostic studies, surgery, spinal cord stimulator, injections and medication. On September 3, 2015, the injured worker complained of right-sided knee pain and residual pain into both of his buttocks with dysesthesias. A lumbar epidural injection received on July 2, 2015 was noted to continue to benefit the injured worker with at least 60% benefit to his lower back as well as radicular symptoms in his lower extremity. He reported that his current medication regimen enabled him to actively participate in home exercise programs as well as perform activities of daily living with less pain. He reported between 30%-40% pain relief which lasts up to eight hours at a time. Notes stated that he occasionally requires Flexeril when he has significant muscle spasms which mainly occur at night. Physical examination of the cervical and lumbar spine revealed tenderness to palpation bilaterally, increased muscle rigidity and numerous trigger points. There was also obvious muscle guarding noted with gentle range of motion. A urine drug test was performed on the day of the exam. The treatment plan included medications, urologist follow-up, and continuation of psychological treatment, consideration for Nevro high-frequency SCS

system and a follow-up visit. On September 17, 2015, utilization review denied a request for Flexeril 10mg #60.

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

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

**1 Flexeril 10mg, sig; 1 tablet by mouth twice a day as needed for muscle spasms, qty 60, refill;0 as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines; muscle relaxants.

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

**Decision rationale:** The patient presents with chronic low back and neck pain. The request is for ongoing use of Flexeril for muscle spasms. MTUS Guidelines state that Flexeril is recommended for short course therapy. Limited, mixed evidence does not allow for recommendation for chronic use. In this case, the patient has been prescribed this medication on a chronic basis. MTUS recommends use of Flexeril for 3-4 days of acute muscle spasm and no more than 2-3 weeks total. Therefore this request exceeds guidelines and is not medically necessary or appropriate.