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| <b>Case Number:</b>   | CM15-0193894 |                              |            |
| <b>Date Assigned:</b> | 10/07/2015   | <b>Date of Injury:</b>       | 11/20/2013 |
| <b>Decision Date:</b> | 11/18/2015   | <b>UR Denial Date:</b>       | 09/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2015 |

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 37-year-old female, who sustained an industrial-work injury on 11-20-13. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral low back pain, chronic pain syndrome and myalgia. Treatment to date has included pain medication including Norco, Ultram, Anaprox, Flexeril since at least 3-27-15, diagnostics, acupuncture, Transcutaneous electrical nerve stimulation (TENS), heating pad, home exercise program (HEP) and other modalities. Medical records dated (3-27-15 to 9-11-15) indicate that the injured worker complains of low back pain that has worsened. The pain radiates to the buttocks and feet and she reports spasms. The pain is worse with prolonged activity and improved with medications, physical therapy and changing positions. The pain is rated 6-8 out of 10 on the pain scale without medications and 1-6 on the pain scale with use of medications depending on activity. The medical records also indicate worsening of the activities of daily living. Per the treating physician, report dated 9-11-15 the injured worker has returned to work. The physical exam dated 9-11-15 reveals that the lumbar spine has moderate tenderness over the paraspinals, decreased sensation in the left leg, and there is flexible active range of motion but pain is noted with flexion. The treating physician indicates that the urine drug test result dated 3-27-15 was consistent with the medication prescribed. The request for authorization date was 9-17-15 and requested service included Flexeril 7.5mg #60 (No NDC#, No Refills, Muscle Relaxants). The original Utilization review dated 9-24-15 non-certified the request for Flexeril 7.5mg #60 (No NDC#, No Refills, Muscle Relaxants).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60 (No NDC#, No Refills, Muscle Relaxants): Upheld**

**Claims Administrator guideline:** Decision based on MTUS 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). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5mg #60 (no NDC#, no refills, muscle relaxant) is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic pain syndrome; numbness; low back pain; myalgia. Date of injury is November 20, 2013. Request for authorization is September 18, 2015. According to a March 27, 2015 progress note, the treating provider prescribed Flexeril at that time. According to the most recent progress note dated September 11, 2015, the injured worker's low back pain is worse. Pain radiates to the lower extremities. Medications help and include Norco, Flexeril and Naprosyn. Pain score is 6/10. Objectively, there is tenderness to palpation over the paraspinal muscles. There is no spasm noted. There is no neurologic deficit noted. The treating provider exceeded the recommended guidelines for short-term use (less than two weeks). There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation of acute low back pain or an acute exacerbation of chronic low back pain and Flexeril treatment continued in excess of six months (guidelines recommend less than two weeks), Flexeril 7.5mg #60 (no NDC#, no refills, muscle relaxant) is not medically necessary.