

<b>Case Number:</b>	CM15-0199902		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Arizona, California

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 42 year old male, who sustained an industrial injury on October 18, 2011, incurring low back injuries. He was diagnosed with lumbago, lumbosacral spondylosis, spinal stenosis and left lumbar radiculopathy. Treatment included pain medications, neuropathic medications, muscle relaxants (since day of injury), topical analgesic lotion, chiropractic sessions, epidural steroid injection, and physical therapy and work modifications. Currently, the injured worker complained of persistent low back pain with frequent muscle spasms associated with numbness and tingling and weakness of the left leg. He rated his pain 8 out of 10 on a pain scale from 0 to 10. He noted decreased lumbar range of motion, muscle weakness and diminished sensation in the lower extremity interfering with his activities of daily living. He was later diagnosed with opioid dependence. The treatment plan that was requested for authorization included a retrospective request for a prescription of Flexeril 7.5 mg with a date of service of September 12, 2015. On September 30, 2015, a request for a prescription for Flexeril was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: 60 tablets of Flexeril 7.5 mg (DOS 9/12/2015): 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 rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for Several months along with opioids. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.