

<b>Case Number:</b>	CM15-0205674		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/25/1999
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 is a 46 year old male with a date of injury of August 25, 1999. A review of the medical records indicates that the injured worker is undergoing treatment for degeneration of lumbar or lumbosacral intervertebral disc, herniated nucleus pulposus, and unspecified thoracic or lumbar neuritis or radiculitis. Medical records dated June 24, 2015 indicate that the injured worker complained of shoulder pain and knee pain rated at a level of 9 out of 10 on average, 8 out of 10 at its least and 10 out of 10 at its worst. Records also indicate that the pain is radiating. A progress note dated September 2, 2015 documented complaints of shoulder pain, lower back pain and knee pain rated at a level of 7 out of 10 at its best and 10 out of 10 at its worst. Records also indicate that the pain is non-radiating. The physical exam dated June 24, 2015 reveals decreased range of motion of the lumbothoracic spine, tenderness to palpation of the lumbar paraspinal area, positive spasm, positive straight leg raise bilaterally, and positive lumbar radicular signs bilaterally. The progress note dated September 2, 2015 documented a physical examination that showed similar findings as were noted on June 24, 2015 along with bilateral lumbar trigger points. Treatment has included medications (Nucynta, Soma (discontinued on September 2, 2015), Neurontin, Lidoderm patch, Prozac, Zofran; Dilaudid and Toradol injections). The urine drug screen dated July 13, 2015 showed results that were inconsistent with the injured worker's prescribed medications. The utilization review (October 7, 2015) non-certified a request for Flexeril 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, 1 tablet twice daily, #30:** Upheld

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

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

**Decision rationale:** This 46 year old male has complained of low back pain, shoulder pain and knee pain since date of injury 8/25/1999. He has been treated with physical therapy and medications to include muscle relaxants since at least 04/2015. The current request is for Flexeril. Per the MTUS guideline cited above, treatment with Flexeril (cyclobenzaprine), a muscle relaxant, should be reserved as a second line agent and should be used for a short course (2 weeks) only; additionally, the addition of Flexeril to other agents is not recommended. On the basis of the available medical records and per the MTUS guidelines cited above, Flexeril is not indicated as medically necessary in this patient.