

<b>Case Number:</b>	CM15-0030319		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 29 year old male, who sustained an industrial injury on 8/26/14. He has reported low, mid back and hip pain after removing an air conditioner unit. The diagnoses have included lumbar strain/sprain/contusion and thoracic and lumbar spasm. Treatment to date has included medications, activity modification and physical therapy. Currently, according to the physician note dated 1/8/15, the injured worker complains of low back, mid back and hip pain. The low back pain shoots up to the neck and bilateral hips, right worse than left. There have been no further injuries as he has not worked since 8/26/14. The current medications included Norco, Flexeril and Motrin. The x-ray of the lumbar spine dated 10/21/14 revealed no acute findings. The physical exam revealed mild spasm in the neck with full range of motion. The back revealed severe spasms throughout but more pronounced in the lower parathoracic area, right greater than left. Treatment was for medications, refer to chiropractic, Transcutaneous Electrical Nerve Stimulation (TENS) and follow up in 4 weeks. There were physical therapy sessions noted. On 2/10/15 Utilization Review non-certified a request for Flexeril 5mg, one to three times daily as needed for spasms or pain #30, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain Opioids for Chronic Pain Muscle Relaxants, Cyclobenzaprine was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg, one to three times daily as needed for spasms or pain #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Muscle Relaxants, Cyclobenzaprine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Flexeril, a non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Flexeril has been used for a long time without documentation of pain improvement. Therefore the request for authorization Flexeril 5mg #30 is not medically necessary.