

<b>Case Number:</b>	CM15-0031699		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	04/06/2000
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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  
 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 50 year old male, who sustained an industrial injury on April 6, 2000. He has reported constant low back pain. The diagnoses have included post laminectomy syndrome of the lumbar spine, unilateral inguinal hernias, chronic pain syndrome and facet joint release. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative therapies, pain medications and work restrictions. Currently, the IW complains of constant low back pain. The injured worker reported an industrial injury in 2000, resulting in constant low back pain. He was treated conservatively and surgically without resolution of the pain. He has used chiropractic care, physical therapy, pain injections, aqua therapy, cognitive behavioral therapy and chiropractic care without resolution of the pain. Evaluation on March 27, 2015, revealed continued complaints of worsened lumbar pain. Tramadol was requested. On February 10, 2015, Utilization Review non-certified a request for Flexeril 10mg #45 x 1, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 19, 2015, the injured worker submitted an application for IMR for review of requested Flexeril 10mg #45 x 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #45 x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although there was evidence of muscle spasm on examination, the Flexeril request was for more than a short course, such as 10 pills, which might have been considered reasonable. Therefore, the Flexeril 10 mg #45 will be considered medically unnecessary.