

<b>Case Number:</b>	CM15-0032276		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	10/26/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: 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 42 year old male, who sustained an industrial injury on October 26, 2013. The mechanism of injury is unknown. The diagnoses have included lumbago and lumbosacral neuritis. Treatment to date has included diagnostic studies, bilateral epidural steroid injections with 60% improvement for two months, successful physical therapy and medications. On February 6, 2015, the injured worker complained of an aching, burning pain in his low back and buttocks. He has aching pain down the lateral and posterior legs bilaterally. His pain symptoms are worse with sitting, standing, bending and lifting. His pain is improved with lying down, heat, ice and medications. He rated his pain level as a 4 on a 1-10 pain scale without medications and as a 3/10 with medication. His medications were noted to help lower his pain and spasms and help decrease stomach upset. On February 16, 2015, Utilization Review non-certified Flexeril 7.5mg #60, noting the CA MTUS Guidelines. On February 20, 2015, the injured worker submitted an application for Independent Medical Review for review of Flexeril 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Upheld

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

**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 exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent evidence of pain flare or spasm and the prolonged use of Flexeril is not justified. Therefore, the request for authorization of Flexeril 7.5mg #60 is not medically necessary.