

<b>Case Number:</b>	CM15-0036494		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	06/07/2003
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44-year-old female sustained an industrial injury to the back on 6/7/08. Previous treatment included magnetic resonance imaging and medications. In a PR-2 dated 1/7/15, the injured worker complained of pain 2-3/10 on the visual analog scale associated with back stiffness. Physical exam was remarkable for normal gait, lumbar spine with tenderness to palpation, positive straight leg raise on the left, 4/5 strength and intact sensation to bilateral lower extremities, positive left FABER maneuver and stork test, pain upon range of motion and secondary myofascial pain with triggering. Current diagnoses included lumbar spine degenerative disc disease, lumbar spine disc herniation and chronic pain syndrome. The treatment plan included medications (Butrans, Flexeril, Neurontin and Norco).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 41, 42, 76-80.

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

**Decision rationale:** The patient presents with back pain. The current request is for Flexeril 10 mg, #30. The treating physician states the patient's back pain is described as aching, burning and dull. The patient is noted to have continuing substantial benefit of the medications. The MTUS guidelines state Flexeril is recommended for a short course of therapy for decreasing muscle spasm "in conditions such as LBP, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not." This medication is not recommended to be used longer than two to three weeks. In this case, the treating physician has prescribed Flexeril for at least two months for an injury over 12 years ago. Muscle relaxants are not indicated for chronic pain and there is no documentation of an acute recent flare up or new injury. The current request is not medically necessary and the recommendation is for denial.