

<b>Case Number:</b>	CM15-0083269		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	06/06/2010
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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

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:

The injured worker is a 64-year-old male, who sustained an industrial injury on 6/06/2010, as a result of a motor vehicle accident. The injured worker was diagnosed as having lumbar spine strain with radicular components, status post posterolateral interbody fusion, pain disorder associated with both psychological factors and a general medical condition, mood disorder with depressive features, and sleep disorder due to pain disorder. Treatment to date has included diagnostics, physical therapy, acupuncture, and medications. Currently, the injured worker complains of lower backache with radiation to the left leg. Pain was noted as severe and chronic. He ambulated with a walker due to loss of balance. Numbness, paresthesia, and weakness were documented. X-rays and magnetic resonance imaging were referenced but reports were not included. He was not working. Current medication use included Cyclobenzaprine, Hydrocodone - Ibuprofen, Gabapentin, Tramadol, Zoloft, and Amitriptyline. Physical exam noted gait within normal limits, heel and toe walk without difficulty, 2+ paralumbar spasm on the left, atrophy in the quadriceps, diminished range of motion, positive straight leg raise test on the right, absent lower extremity deep tendon reflexes at the knees, 5/5 motor strength, and decreased sensation in the left lateral thigh. The treatment plan included a signed pain contract and medications. Progress notes did not document pain levels or functional improvement (with and/or without medication use). Urine toxicology was not noted. The duration of use with muscle relaxants was not determined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90:** 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, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10mg #90 is not medically necessary and appropriate.