

<b>Case Number:</b>	CM15-0084597		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	03/04/2002
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Arizona, California  
 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 36 year old male, who sustained an industrial/work injury on 3/4/02. He reported initial complaints of back pain. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, lumbago, thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included medication, hardware injection, and pain management. MRI results were reported on 4/3/15 revealed anterior and posterior fusion changes at L4-5 and L5-S1 with metal artifact resulting in limitation at these levels, osseous central canal appears adequate, neural foramina are probably mildly narrowed at these levels, there appears to be small areas of osseous interbody fusion at L4-5 and L5-S1. Currently, the injured worker complains of back stiffness, numbness, and radicular pain in the left leg. Per the primary physician's progress report (PR-2) on 4/7/15, examination revealed pain with Valsalva, pain to palpation over the L3-L4 and L4-L5 hardware, worsened range of motion, and decreased light touch sensation bilaterally, and bilateral patellar/Achilles reflex was 1/4. Current plan of care included medication and follow up. The requested treatments include Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, quantity unknown:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for over a yr. in combination with opioids and benzodiazepines. Continued and chronic use of Flexeril is not recommended and not medically necessary.