

<b>Case Number:</b>	CM14-0114509		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/12/1997
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59 year old male who sustained work related injuries to his low back on 04/12/97. The mechanism of injury is noted as lifting heavy object and developed lumbar strain. Per the clinical records the injured worker underwent a laminectomy at L2 to L3 and L4 to L5 in 2001. Treatment has included physical therapy, chiropractic with temporary benefit and lumbar epidural steroid injection with more sustained benefit. He currently complains of low back pain radiating down the left lower extremity. Per a clinical note dated 04/15/14 the average visual analog scale (VAS) of the injured worker was 8/10 reduced to 7/10 with oral medications. Physical examination noted evidence of radiculopathy and muscle spasm. The injured worker was subsequently seen in follow up on 05/22/14 this examination was unchanged from prior and indicated the presence of active lumbar myospasm. Utilization review determination dated 06/18/14 non-certified the request for Flexeril 10 milligrams quantity sixty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics: Cyclobenzaprine (Flexeril) Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The request for Flexeril 10 milligrams quantity sixty is recommended as medically necessary. The injured worker has failed back surgery syndrome and progressive degenerative disease at multiple levels. Serial physical examinations documented the presence of active muscle spasm for which this medication would be indicated. The records show no evidence of abuse or inappropriate use. Based on the submitted clinical data the request is recommended as medically necessary.