

<b>Case Number:</b>	CM14-0118302		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/29/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 28-year-old male who reported a date of injury of 12/29/2013. The mechanism of injury was not indicated. The injured worker had diagnoses of lumbar facet joint pain, lumbar facet joint arthropathy, chronic back pain, lumbar spine sprain/strain, chronic neck pain, trapezius pain, shoulder strain, and ankle sprain. The injured worker had an MRI of the lumbar spine on 04/10/2014 with official findings indicating mild disc desiccation, mild diffuse disc bulge, minimal spinal canal narrowing and small left neural foraminal disc protrusion and narrowing L4-5 with associated annular tear. Prior treatments included physical therapy and chiropractic treatment. Surgeries were not indicated within the medical records received. The injured worker had complaints of thoracic and low back pain and, right sided neck pain. The clinical note dated 07/04/2014 noted the injured worker had tenderness to palpation of the lumbar paraspinal muscles, with lumbar extension and flexion causing pain. The injured worker had negative nerve root tension signs, shoulder abduction test, Allen's test, Phalen's test, Tinel's sign, and Spurling's maneuver. The muscle stretch reflexes were 1 and symmetric bilaterally all limbs and muscle strength was 5/5 in all limbs. Medications included naproxen, ibuprofen, and Flexeril. The treatment plan included Flexeril, naproxen, and the physician's recommendation for a facet joint medial branch block. The rationale was not indicated within the medical records received. The request for authorization form was received on 07/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #30 one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-64.

**Decision rationale:** The injured worker had complaints of thoracic and low back pain, and right sided neck pain. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation the injured worker had muscle spasms upon examination. There is a lack of documentation indicating the injured worker failed first line treatment with acetaminophen or NSAIDs. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Furthermore, the guidelines recommend a short course of treatment; however, the injured worker is noted to have been prescribed Flexeril since the 01/06/2014 examination, which exceeds the recommendation. Additionally, the request as submitted did not specify a frequency of the medication's use. As such, the request for Flexeril 10 mg #30 one refill is not medically necessary.