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| <b>Case Number:</b>   | CM14-0120408 |                              |            |
| <b>Date Assigned:</b> | 09/24/2014   | <b>Date of Injury:</b>       | 07/03/1998 |
| <b>Decision Date:</b> | 10/24/2014   | <b>UR Denial Date:</b>       | 07/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/28/2014 |

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 64-year-old male who reported a work related injury on 04/03/1988. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of lumbar spine pain and degenerative disc disease of the lumbar spine. Past treatment has included physical therapy and medication management. Upon examination on 08/04/2014, the injured worker stated his spine was terrible and he was starting to lose balance over the past 2 weeks. He rated his pain as 9/10 on a visual analog scale (VAS). Upon physical examination of the lumbar spine, it was noted that the injured worker appeared to be well developed, well nourished, and well groomed with normal body habitus and no deformities. The injured worker's medications include ketorolac tromethamine. The treatment plan consisted of 60 mg of Ketorolac Tromethamine. The rationale for the request is back spasms. A request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg generic Qty. 90 1 P.O. Q 8 Hours PRN refills:0 symptoms related to lower back work injury:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC)

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

**Decision rationale:** The California MTUS notes that muscle relaxants for pain are recommended in certain situations, such as patients with chronic low back pain as a second-line option for short-term treatment of acute exacerbations. The guidelines also note that Flexeril is not recommended for long-term use due to its adverse effects and high rate of abuse. Use should be limited to 2-3 weeks. Although the injured worker is experiencing low back pain, within the documentation it is noted that the injured worker has been prescribed Flexeril for several months, the guidelines recommend Flexeril for a duration of 2-3 weeks. However, the patient has been prescribed the medication for over a period of 2-3 weeks. An additional prescription of Flexeril would exceed the length of recommended usage per the guidelines. Therefore, for the request for Flexeril is not medically necessary.