

<b>Case Number:</b>	CM14-0137719		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/20/1998
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Orthopedic Surgery 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:

This 54-year-old female teacher sustained an industrial injury on 2/20/98. The mechanism of injury was not documented. Past surgical history was positive for decompression laminectomy and discectomy at L4/5 and L5/S1 with posterolateral fusion, pedicle screw fixation L4 to the sacrum bilaterally. Records indicated that the patient was prescribed cyclobenzaprine (Flexeril) 10 mg #90 on 2/25/14, with 2 subsequent prescriptions of Cyclobenzaprine 7.5 mg #60 filled. The 6/16/14 treating physician report cited continued low back pain radiating into the left lower extremity with mild weakness. Physical exam documented spasms, guarding, and tenderness with mild dorsiflexion weakness and limited range of motion. The treatment plan included modified activities, stretching, Norco and Flexeril. The patient was not working as she was on summer break. The 7/30/14 utilization review denied the request for Flexeril as the patient had been using it beyond the guideline recommendations of 2 to 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41-42.

**Decision rationale:** The California MTUS guidelines recommend the use of cyclobenzaprine (Flexeril) as an option, using a short course of therapy, in the management of back pain. Treatment should be brief. This medication is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have not been met for continued use. Records indicate that this medication has been prescribed since at least 2/25/14 with two subsequent refills. There is no documentation of specific functional benefit associated with the patient's use of this medication. Given the absence of guideline support beyond 2 to 3 weeks, discontinuation is indicated. Therefore, this request is not medically necessary.