

<b>Case Number:</b>	CM14-0141495		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Pain Medicine. 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 43 year old female who had a work-related injury on 12/10/11. The mechanism of injury is not described. Most recent medical record submitted for review is dated 09/02/14. The injured worker presents with hip pain, mid back pain, leg pain and low back pain. Today, she rates her pain as 7/10 on a visual analogue scale. The injured worker complains of low back pain and pain radiating down both legs. This is her familiar pain. The injured worker has good and bad days. When she has bad days, she tries using techniques taught by her psychologist to decrease her anxiety. However, sometimes she is unable to control her anxiety and she takes her Xanax 0.25 tablets. Her pain is bilateral low back, left buttock and leg. Constant, worsened by sitting and accompanied by perceived weakness on the left leg and numbness in the foot and leg. The injured worker has had several episodes of urinary incontinence. Her left-sided leg pain travels from her left buttocks into the posterior lateral leg and lateral calf to the bottom of the foot. It is worsened with prolonged sitting and standing as well as pressure on the left lower back, but is better with medication and lying down. X-rays have shown a calcific mass at the superior rim of the left hip and a normal lumbar spine. A magnetic resonance image of the lumbar spine was completely normal. Treatment in the past has had less than 10 sessions of physical therapy, no spine surgery, and a side joint injection on the left causes worsened pain. The injured worker has also had an epidural steroid injection which gave 50% relief for 2 weeks. The injured worker states that during this time she is almost fully functional and able to use less medication. A physical examination, alert and oriented times 3, and her speech is clear. The injured worker is able to rise from a seated position without difficulty. Gait is not antalgic and the injured worker ambulates without assistance. Last urine drug screen was on 02/06/14 and was positively inappropriate. Positive for THC, level decrease from 170mg per mL to 14mg per mL. Current medications include Percocet, Soma, Xanax,

Benadryl and Tylenol. Diagnoses include thoracic radiculopathy, dysthymic disorder, facet syndrome, myofascial pain syndrome, and sacroilitis. Prior utilization review on 08/13/14 was non-certified. Current request is for refill for Flexeril 10mg #90 1 tablet 3 times a day.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Refill Flexeril 10mg #90 1 tablet three times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Immediate Release (IR) capsules.

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

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.