

<b>Case Number:</b>	CM14-0144561		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/27/2004
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 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 55-year-old female who sustained an injury on 9/27/04. On 8/20/14, she complained of left leg pain, neuralgia, and increased lower back pain. On exam, bilateral tandem gait was with mild loss of balance. C/S exam revealed reduced ROM. L/S exam revealed pressure on the posterolateral facets and rotation to the left; leftward bending or extension aggravated pain. Right lumbosacral junction, sacroiliac joint compression, cyst, and bursa had severe tenderness. Knee exam revealed limited ROM and medial joint was tender. MRI of lumbosacral spine on 12/4/13 revealed L3-L4 diffuse annular disc bulge and moderate bilateral facet arthropathy; L4-L5 6 mm grade I anterolisthesis, severe canal stenosis; and L5-L6 diffuse annular disc bulge, moderate facet arthropathy. UDS report of 3/26/14 was positive for marijuana metabolite, opiates, and benzodiazepines. She has chronic dependency with opiate and benzodiazepine. Current medications are Lidoderm, Flexeril, Vicodin, docusate, omeprazole, diazepam, hydrocodone APAP, lisinopril, and levothyroxine. She had injections and PT. Diagnoses: internal derangement, right knee; lumbar disc herniation, L4-L5; lumbar radiculitis; chronic cervical, thoracic, and lumbar strains; rule out right upper extremity cervical radiculitis. The request for 1 prescription for Flexeril 10 mg, #30 between 7/23/14 and 10/4/14 was denied on 8/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

**Decision rationale:** According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine (Flexeril) is recommended as an option, using a short course. The medical records do not document the presence of substantial muscle spasm on examination unresponsive to first line therapy. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Furthermore, there is no mention of any significant improvement in function with continuous use. Chronic use of muscle relaxants is not recommended by the guidelines. Thus, the medical necessity for Flexeril is not established.