

<b>Case Number:</b>	CM14-0090859		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/17/2008
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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, 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 51 year-old female who sustained work-related injuries on June 17, 2008. Records dated March 4, 2014 documents that she presented complaints of low back pain and depression subsequent to her work-related injuries. She had prior physical therapy, magnetic resonance imaging (MRI), chiropractic treatment, acupuncture, and radiofrequency ablation at L3, L4, and L5 bilaterally which provided her 50% pain relief. Neck examination noted left-sided cervical tilt. Severe spasms were noted more on the right. Range of motion was limited in all planes. Low back examination noted slight left-sided thoracic and cervical tilt. Moderate amount of spasms were noted throughout the back with more spasms noted on the right. Range of motion was limited. Achilles reflex was 1+ and was unable to walk on heels and toes. Records dated March 26, 2014 documents that the injured worker underwent a urine toxicology screen which was positive for hydrocodone but her back pain was essentially unchanged. On examination, she has left-sided cervical tilt. Moderate amount of spasm was noted in the back, mostly on the right. Spasms were fairly severe in the cervical area. Hip range of motion was limited in all planes. Per April 23, 2014 records, the injured worker reported that her low back pain was essentially unchanged. She rated her chronic pain as 7-8/10 but would worsen when doing household chores and working around her home. A back examination noted left-sided cervical tilt. Moderate amount of spasm, mostly on the right side, was noted. Spasms were fairly severe in the cervical area, right side greater than left. Hip range of motion was limited in all planes. Most recent records dated May 21, 2014 documents that the injured worker continued to have psychiatric sessions which were helping her depression. On examination, range of motion of the waist was limited. She is diagnosed with (a) chronic low back pain possibly facet mediated, (b) history of depression being treated, and (c) tachycardia with associated hyper tension.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** According to evidence-based guidelines, Flexeril (Cyclobenzaprine) is recommended as an option using a short-course of therapy, indicated for spasms, and treatment with this medication should be brief. In this case, however, Flexeril is being used in the long-term. This is evidenced in the records dated December 4, 2013. This violates the recommendations of the MTUS Chronic Pain Guidelines. Moreover, the injured worker is still suffering from moderate-to-severe spasms even when this medication has been prescribed since December 2013 and there is no documentation of significant functional improvements secondary to utilization of this medication. Therefore, the requested Flexeril 10mg a day is not medically necessary.