

<b>Case Number:</b>	CM14-0093601		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/30/1998
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 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 52-year-old male who reported an injury on 07/30/1998. The mechanism of injury was not provided. The injured worker underwent surgical intervention, including a laminectomy with subsequent hardware removal. The injured worker had a spinal cord stimulator implantation. The injured worker's medication history included Flexeril as of 01/2014. The documentation of 05/01/2014 revealed the injured worker had a lower backache. The injured worker's pain was noted to have decreased since the last visit. The medications were noted to include Flexeril 10 mg tablets (1 daily as needed), Voltaren 1% gel (4 grams to the affected area up to 4 times a day), Norco 10/325 (one 3 times a day as needed), and OxyContin 20 mg tablets (one 3 times a day). The physical examination revealed the injured worker had decreased light touch sensation over the lateral calf and posterior thigh and lateral thigh bilaterally. The straight leg raise test was positive bilaterally. The diagnosis included lumbar radiculopathy, spinal and lumbar degenerative disc disease, and post lumbar laminectomy syndrome. The treatment plan included a renewal of Flexeril for spasms. The injured worker indicated the medication reduced spasms and improved his mobility. The injured worker indicated he was able to tolerate sitting in the car for 3 hours with the medication versus 1 hour without the medication. The injured worker indicated with the medication, he was able to stand, and walk more upright versus being hunched over without it due to pain. The treatment plan included a refill of the medication. There was no Request for Authorization 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 TAB; SIG: 1 TAB DAILY PRN #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 41 OF 127.

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. It should not be utilized for more than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 4 months. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Flexeril 10 MG TAB; SIG: 1 TAB daily PRN #20 is not medically necessary.