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| <b>Case Number:</b>   | CM14-0211564 |                              |            |
| <b>Date Assigned:</b> | 12/24/2014   | <b>Date of Injury:</b>       | 02/19/2007 |
| <b>Decision Date:</b> | 02/20/2015   | <b>UR Denial Date:</b>       | 12/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina, New York, Missouri  
 Certification(s)/Specialty: Internal Medicine, Nephrology

### 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 patient is a 46-year-old male who has submitted a claim for lumbar radiculopathy and cervical pain associated with an industrial injury date of 2/19/2007. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to anterior thigh and medial knee rated 8/10 in severity and relieved to 7/10 with medications. His activity level remained the same. Physical examination of the lumbar spine showed tenderness, muscle spasm, limited motion, positive straight leg raise test on the left and positive lumbar facet loading test. Treatment to date has included lumbar surgery, physical therapy, lumbar epidural steroid injection, gabapentin, Lexapro, Colace, ibuprofen, omeprazole, Silenor, oxycodone, Cialis, diazepam and Flexeril (since at least June 2014). The utilization review from 12/9/2014 denied the request for Flexeril 10 mg #90 because long-term use was not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Flexeril since at least June 2014. He reported a decrease in severity of low back pain from 8/10 to 7/10 with medications. The most recent physical exam still showed evidence of paralumbar muscle spasm. However, functional improvement from medication use is not documented. Long-term use of a sedating muscle relaxant is likewise not recommended. Therefore, the request for Flexeril 10 mg #90 is not medically necessary.