

<b>Case Number:</b>	CM14-0212495		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	06/17/2003
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: California, Illinois  
 Certification(s)/Specialty: Anesthesiology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 55-year-old male with a 6/17/03 date of injury. At the time (11/24/14) of the request for authorization for Flexeril 10mg #30, there is documentation of subjective (pain has been gradually increasing) and objective (flattening of normal lumbar lordosis, paraspinal muscle tightness present in the lumbar region, diffusely tender bilaterally in the lower lumbar facets, facet loading test is positive on the right, diminished sensation to pinprick over the lateral and medical aspect of the anterior thigh on the right side - L4 dermatome) findings, current diagnoses (disc displacement with radiculitis - lumbar, lumbosacral spondylosis without myelopathy, chronic pain syndrome, and nondependent tobacco use disorder), and treatment to date (medication including ongoing use of Flexeril). There is no documentation of acute exacerbation of chronic pain; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date; and the intention to treat over a short course (less than two weeks).

### 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.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are 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. Within the medical information available for review, there is documentation of diagnoses of disc displacement with radiculitis-lumbar, lumbosacral spondylosis without myelopathy, chronic pain syndrome, and nondependent tobacco use disorder. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Flexeril, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date; and the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10 mg #30 is not medically necessary.