

<b>Case Number:</b>	CM14-0213100		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	08/22/1997
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: Maryland, District of Columbia  
Certification(s)/Specialty: Internal Medicine

### 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 51 year old female who sustained an industrial injury on August 22, 1997. The mechanism of injury is not specified. He was having lower back pain since surgery. The diagnoses were lumbago, displacement lumbar disc without myelopathy, and degen lumb/lumbosac intervert disc. As per the progress report on September 19, 2014, the patient had lower back pain with radiation to upper back. The pain was 8/10 without medications and 2/10 with medications. The patient was using a wheelchair for mobility. Pertinent medications included MSIR 15mg #180 for breakthrough pain once every 6 hours, Kadian 80mg every 12 hours and Flexeril 10mg #90 for muscle spasms. The patient also stated that Flexeril had been denied. As per the progress report on October 22, 2014, the patient continued to have lower back pain. The patient was able to complete home exercises and simple ADL. The patient had limited ROM and had strength 3/5 in lower extremities. The patient was tender to touch throughout spinuous processes cervical to lumbar region with taut muscle bands in thoracic region. The plan of care included changing Flexeril to Zanaflex. As per the review on November 24, 2014, The patient reported needing the above prescribed medications for analgesic purposes and for daily living. The patient denied any adverse effects or side effects of those medications. The patient reported that Zanaflex has been denied by UR and wanted to use Flexeril because of the increased back pain which woke her up every hour from sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MSIR 15mg #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

**Decision rationale:** The patient is 51 year old female who sustained an industrial injury on August 22, 1997. The mechanism of injury is not specified. He was having lower back pain since surgery. The diagnoses were lumbago, displacement of lumbar disc without myelopathy and degenerative disc disease of lumbar and lumbosacral intervertebral disc. As per the progress report on September 19, 2014, the patient had lower back pain with radiation to upper back. The pain was 8/10 without medications and 2/10 with medications. The patient was using a wheelchair for mobility. Pertinent medications included MSIR 15mg #180 for breakthrough pain once every 6 hours, Kadian 80mg every 12 hours and Flexeril 10mg #90 for muscle spasms. The patient also stated that Flexeril had been denied. As per the progress report on October 22, 2014, the patient continued to have lower back pain. The patient was able to complete home exercises and simple ADL. The patient had limited ROM and had strength 3/5 in lower extremities. The patient was tender to touch throughout spinuous processes cervical to lumbar region with taut muscle bands in thoracic region. The plan of care included changing Flexeril to Zanaflex. As per the review on November 24, 2014, The patient reported needing the above prescribed medications for analgesic purposes and for daily living. The patient denied any adverse effects or side effects of those medications. The patient reported that Zanaflex has been denied by UR and wanted to use Flexeril because of the increased back pain which woke her up every hour from sleep. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for low back pain with Kadien and MSIR. The medication improved her pain from 8/10 to 2/10. The medications also helped her with ADLs. Given improvement of pain and functional improvement, the ongoing use of MSIR is medically necessary and appropriate.

**Flexeril 10mg #90:** Upheld

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

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

**Decision rationale:** The patient is 51 year old female who sustained an industrial injury on August 22, 1997. The mechanism of injury is not specified. He was having lower back pain since surgery. The diagnoses were lumbago, displacement of lumbar disc without myelopathy

and degenerative disc disease of lumbar and lumbosacral intervertebral disc. As per the progress report on September 19, 2014, the patient had lower back pain with radiation to upper back. The pain was 8/10 without medications and 2/10 with medications. The patient was using a wheelchair for mobility. Pertinent medications included MSIR 15mg #180 for breakthrough pain once every 6 hours, Kadian 80mg every 12 hours and Flexeril 10mg #90 for muscle spasms. The patient also stated that Flexeril had been denied. As per the progress report on October 22, 2014, the patient continued to have lower back pain. The patient was able to complete home exercises and simple ADL. The patient had limited ROM and had strength 3/5 in lower extremities. The patient was tender to touch throughout spinuous processes cervical to lumbar region with taut muscle bands in thoracic region. The plan of care included changing Flexeril to Zanaflex. As per the review on November 24, 2014, The patient reported needing the above prescribed medications for analgesic purposes and for daily living. The patient denied any adverse effects or side effects of those medications. The patient reported that Zanaflex has been denied by UR and wanted to use Flexeril because of the increased back pain which woke her up every hour from sleep. According to MTUS, Chronic Pain Guidelines, Cyclobenzaprine is recommended as a short course therapy for pain. She was taking Flexeril for long term therapy of back pain. Since it is only recommended for very short periods of time, the request for Flexeril is not medically necessary or appropriate.