

<b>Case Number:</b>	CM14-0215273		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	03/23/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47-year old male with date of injury 3/23/10. The treating physician report dated 11/24/14 (23) indicates that the patient presents with continuous lower back pain at 9/10 that increases with walking but is 50% improved with medications allowing the patient to be more functional. The patient also complains of bilateral leg and thoracic pain. The physical examination findings reveal lumbar spine spasm, painful range of motion, as well as limited range of motion. Positive straight leg raise bilaterally and inability to walk without cane. Also, negative deep tendon reflexes bilateral knees and ankles. Prior treatment history includes epidural steroid injections, physical therapy, home exercise program, use of a cane and medications. Undated MRI findings reveal congenital central canal stenosis at L1-3, a broad-based central disc protrusion at L4-5 effacing the thecal sac and combined with facet hypertrophy narrowed the lateral recesses resulting in encroachment of the transiting nerve roots, spondylosis at L1-2 and L4-5, moderate facet arthrosis at L4-5, and mild facet arthrosis at L3-4 and L5-S1. Current medications are Motrin, Prilosec, Norco, Colace and Flexeril. The current work status was not reported. The current diagnoses are: 1. Herniated nucleus pulposus at T11-12 with severe left-sided dural compression. 2. Multilevel degenerative disc disease. 3. Predominant hypertrophy at L3-L54. Low back strain with S1 radiculopathy. The utilization review report dated 12/17/14 (6) denied the request for Flexeril 10 m #90 based on MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Cyclobenzaprine.

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

**Decision rationale:** The patient presents with continuous lower back pain at 9/10 that increases with walking but is 50% improved with medications allowing the patient to be more functional. The current request is for Flexeril 10mg #90. The treating physician states muscle relaxants help him walk better, sit, stand better and daily activities better. MTUS guidelines state that Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. In this case, the clinical records provided did not indicate how long the patient has been prescribed Flexeril. MTUS requires a higher level of detail for duration of usage for this medication and given that the patient has been previously prescribed Flexeril this request is not for short term usage during a flare-up, but rather for ongoing chronic pain. The MTUS guidelines only support Flexeril for short term usage of 2-3 weeks for acute exacerbation which this patient does not present with. The current request is not medically necessary.