

<b>Case Number:</b>	CM14-0216548		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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

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

This is a 41 year old male with a work related injury dated 04/06/2000 while getting out of a correctional van. According to a primary physician's progress report dated 11/17/2014, the injured worker presented with complaints of continued lower back pain radiating into the right hip and groin and down into the right leg with numbness and weakness. Diagnoses included lumbosacral radiculopathy, hip sprain/strain, and generalized pain. Treatments have consisted of physical therapy, injections, and medications. Diagnostic testing included MRI scans of the lumbar spine dated 05/22/2014 which showed 1-2mm posterior disc bulge resulting in mild to moderate left neural foraminal narrowing at L4-L5 and posterior annular tear with 2mm posterior disc bulge resulting in mild left neural foramina narrowing at L5-S1. Work status is noted as modified work activities. On 12/10/2014, Utilization Review modified the request for Flexeril 5mg 1-2 tabs, Qty: 240 to Flexeril 5mg 1-2 tabs, Qty: 40 citing California Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines. The Utilization Review physician stated this drug is recommended for a short course of therapy for muscle spasms and it appears that this drug is being used chronically. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5 mg, 240 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), and Cyclobenzaprine (Flexeril, Amrix, Fexmid, Generic Available) Pag.

**Decision rationale:** Flexeril 5 mg, #240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. There are no extenuating circumstances documented for this patient that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril 5mg #240 is not medically necessary.