MAXIMUS Federal Services

| Case Number: | CM15-0103598 | | |
|---|---|---|---|
| Date Assigned: | 06/08/2015 | Date of Injury: | 10/19/2013 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/11/2015 |
| Priority: | Standard | Application Received: | 05/29/2015 |

## 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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 51 year old male who sustained an industrial injury on 10/19/2013. Current diagnoses include low back pain, clinically consistent lumbar radiculopathy, and lumbar facet pain. Previous treatments included medications, physical therapy, TENS unit, and bilateral transforaminal epidural injections. Previous diagnostic studies include EMG/NCS and MRI of the lumbar spine. Initial injuries sustained included the low back due to repetitive lifting, twisting, and bending. Report dated 03/05/2015 noted that the injured worker presented with complaints that included low back pain with numbness in the right lower extremity and bilateral feet, left sided low back pain with radiation to the posterior left thigh, and difficulty sleeping due to pain. Pain level was 6 out of 10 on a visual analog scale (VAS). Physical examination was positive for spasms in the lumbar paraspinal muscles and stiffness in the lumbar spine, antalgic gait, decreased range of motion with pain, and decreased sensation. The treatment plan included prescriptions for Norco and Flexeril, and follow up in four weeks. Disputed treatments include Flexeril.

## 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 (Flexeril) Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. The injured worker has been prescribed flexeril for an extended period for chronic pain. There is no evidence of an acute exacerbation of pain. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10 mg #30 is determined to not be medically necessary.