

<b>Case Number:</b>	CM15-0010939		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Emergency 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 48 year old female, who sustained an industrial injury on October 7, 2010. The diagnoses have included joint/thigh pain, acquired spondylolisthesis, lumbar intervertebral disc disorder and spondylosis without myelopathy, lumbar spinal stenosis, and sacroiliitis. The injured worker was status post lumbar discectomy at lumbar 4-5 and lumbar 5-sacral 1. Treatment to date has included physical therapy, diagnostic studies, and medications. Currently, the injured worker uses pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory medications. On December 1, 2014, the treating physician reported bilateral sacroiliac joint pain. The physical exam revealed the lumbar spine was normal, except for a very tender left sacroiliac joint. There was limited, lumbar range of motion due to pain and stiffness. There was a mild decreased muscle strength testing on the left. There were normal deep tendon reflexes of all of the extremities. On December 22, 2014 Utilization Review non-certified a prescription for Flexeril 10mg #30, noting the lack of documentation of significant change in visual analogue scale score, pain relief, or objective functional improvement. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Official Disability Guidelines (ODG), and non-Medical Treatment Utilization Schedule (MTUS) Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #30 with 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological basis of Therapeutics, Physician's Desk Reference and on the ODG Workers compensation drug formulary

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

**Decision rationale:** Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for at least 1 month. There is no documentation of improvement in terms of pain relief or documentation of function. There is no documentation as to how this medication was being used. Continued chronic use of a medication with no documentation of any benefit is not recommended. Cyclobenzaprine is not medically necessary.