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| <b>Case Number:</b>   | CM15-0013183 |                              |            |
| <b>Date Assigned:</b> | 01/30/2015   | <b>Date of Injury:</b>       | 07/19/2014 |
| <b>Decision Date:</b> | 03/27/2015   | <b>UR Denial Date:</b>       | 01/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/22/2015 |

### 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, Arizona  
 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 injured worker is a 37-year-old female who reported an injury on 07/19/2014. The mechanism of injury was a fall. The injured worker is having ongoing back pain. She was last seen on 01/05/2015. She underwent a set of fluoroscopically guided bilateral SI joint injections. She reported no relief from injection and feels it has flared up her symptoms more. On 01/12/2015, the injured worker was seen for low back pain. Her MRI was unremarkable. Due to pain, she is having difficulty sleeping. The injured worker had a course of physical therapy. She was not instructed on a home exercise program. Her medications included ibuprofen 800 mg 3 times a day and Flexeril 10 mg 3 times a day as needed. In the morning, her pain is around 10/10, but with medication she is generally around 5/10. Upon examination of her back showed a mild anterior pelvic tilt and increased lordosis. The lumbosacral spine range of motion was limited at end range of extension due to pain. She was tender to palpation in the SI joint bilaterally. Stork test was positive bilaterally. The pain is reproduced with axillary compression and rotation of the trunk and the knees. Her diagnoses include sacroiliac joint dysfunction, chronic subjective low back pain with nonorganic pain features, and secondary myofascial pain. The treatment plan stated that the injured worker is not a surgery candidate. Further injections are not recommended. The Request for Authorization was dated 01/12/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Flexeril 10mg number ninety (#90): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Cyclobenzaprine (Flexeril).

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

**Decision rationale:** The request for pharmacy purchase of Flexeril 10mg number ninety (#90) is not medically necessary. The California MTUS recommends Flexeril for short term use only. It also noted the affect is greatest in the first 4 days of treatment. It appears the patient has been on Flexeril for longer than 4 hours. The request exceeds the guidelines recommendations for length of time medication is to be used. There is lack of documentation for the frequency of the request. As such, the request is not medically necessary.