

<b>Case Number:</b>	CM15-0015911		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: 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 54-year-old male who sustained an industrial injury on 08/19/2012. Diagnoses include lumbar discogenic pain, right lower extremity paresthesias, right facet pain, lumbar myofascial pain, L4-5 moderate right and mild left neural foraminal narrowing with impingement of the foraminal area of the right L4 nerve root, and myalgia. Treatment to date has included medications, walking and exercises. A physician progress note dated 01/07/2015 documents the injured worker has low back and right lower extremity pain, and it has gotten worse. Pain level is 7-8/10 without medication and 5-6/10 with medications. He is tender in the paraspinal muscles of the lumbar spine and range of motion is decreased with forward flexion. He has pain with flexion. Sensation is decreased in the right posterior and lateral leg. Treatment requested is for Flexeril 7.5mg, # 60. On 01/20/2015 Utilization Review modified the request for Flexeril 7.5mg, # 60 to Flexeril 7.5mg, # 30, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg QTY: 60.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with pain and weakness in his lower back and right leg. The request is for FLEXERIL 7.5mg #60. The patient is retired. Per 08/11/14 progress report, "the patient 'has enough Flexeril and Ibuprofen.' The treater 'told him he can also break the Flexeril in half.'" MTUS guidelines page 63-66 states: "Muscle relaxants for pain: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine, Flexeril, Amrix, Fexmid, generic available: Recommended for a short course of therapy." In this case, this patient started utilizing this medication prior to 07/14/14. There is no discussion regarding this medication's efficacy. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request IS NOT medically necessary.