

<b>Case Number:</b>	CM15-0118333		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	07/21/2012
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 44 year old female, who sustained an industrial injury on 7-21-12. Current diagnoses or physician impression includes lumbar spine sprain-strain, post lumbar fusion, lumbar radiculopathy and chronic pain syndrome. Her work status is modified duty. Notes dated 5-5-15 - 6-8-15 reveals the injured worker presented with complaints of constant low back pain described as burning, throbbing, numb and shooting and is rated at 8 out of 10. The pain is increased with prolonged standing, walking and sitting. She reports her pain is reduced from 8 out of 10 to 4 out of 10 with her medication and lasts for 4 hours. Physical examinations dated 5-5-15 - 6-8-15 revealed decreased and painful lumbar spine range of motion. The lumbar spine is diffusely tender to palpation and the straight leg raise is positive bilaterally. There is also numbness, joint pain and muscle stiffness and weakness noted. Treatment to date has included lumbar spine fusion at L3-L4 and L4-L5 (2013) and medications including Norco, Tramadol, Flexeril (for at least 16 months) and Neurontin. A urine drug screen was consistent per physician note dated 6-8-15. A request for authorization dated 6-10-15 for Flexeril 7.5 mg #50 is denied, per Utilization Review letter dated 6-17-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg quantity: 50: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th Edition, Mcgraw Hill 2010 and Physician's Desk Reference, 68th Edition (www.RxList.com).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The patient presents with pain complaints in the low back. The request is for FLEXERIL 7.5 MG QUANTITY: 50. The request for authorization is dated 06/10/15. The patient is status post translaminar lumbar epidural injection at L4-5, 10/31/14. CBT evaluation rescheduled to 06/30/15. Physical examination of the lumbar spine reveals decreased painful ROM with tenderness to palpation diffusely. Positive SLR bilaterally. Meds decrease pain by 50%, reduce numbness, increase activity tolerance. Patient's medications include Norco, Tramadol, Flexeril, Neurontin, and Xanax. Per progress report dated 10/06/15, the patient is returned to modified work. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)." This medication is not recommended to be used for longer than 2-3 weeks. Treater does not specifically discuss this medication. Patient has been prescribed Flexeril since at least 09/09/14. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Flexeril Quantity 50 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.