

<b>Case Number:</b>	CM15-0120823		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	06/06/2006
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New York  
 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 57 year old female, who sustained an industrial injury on June 6, 2006. She reported feeling a sudden onset of sharp pain in her lower back as she was carrying a large 40-50 pound box. The injured worker was diagnosed as having lumbar spine sprain/strain, lumbar spine degenerative disc disease, and lumbar spine, multilevel disc protrusion. Treatments and evaluations to date have included chiropractic treatments, trigger point injection, physical therapy, x-rays, pool therapy, and medication. Currently, the injured worker complains of lumbar spine pain. The Primary Treating Physician's report dated June 3, 2015, noted the injured worker reported her pain as 3-5/10 without radicular symptoms, noting the medications helpful and reporting trigger point injections very helpful in reducing sharp pain and muscle spasms. Physical examination was noted to show the injured worker with a history of hypertension with difficulty rising from a sitting position. The treatment plan was noted to include scheduling of approved chiropractic treatments, and prescribed medications including Flexeril and Ibuprofen. The injured worker was noted to be able to return to work duties on June 3, 2015 with restriction of ability to be able to stand or sit at liberty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroid anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, antispasticity drugs, and drugs with both actions. Antispasmodics are noted to be used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use, recommended to be used no longer than two to three weeks. The injured worker was noted to have been on Flexeril in March 2015 and in June 2015 without documentation of an acute exacerbation of the injured worker's pain or muscle tension or duration of treatment. The injured worker was noted to have received help in reducing her pain and muscle spasm with trigger point injections. The documentation provided failed to include documentation of objective, measurable improvements in the injured worker's pain, muscle tension, or mobility with the use of the Flexeril. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Flexeril 10mg #60 1 refill. The request is not medically necessary.