

<b>Case Number:</b>	CM15-0126792		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	06/07/2001
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Pediatrics, Internal 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 47-year-old female injured worker suffered an industrial injury on 6-07-2001. The diagnoses included chronic pain syndrome, post-lumbar laminectomy syndrome, lumbago, persistent thoracic pain after spinal cord stimulator replacement and depression. The diagnostics submitted included a urine toxicology report from 4-13-15, which was consistent with prescribed medications. The injured worker had been treated with laminectomy, spinal cord stimulator, and Flexeril and Percocet since at least December, 2014. On 5-13-2015 the treating provider reported continued thoracic and low back pain and bilateral leg pain rated 10 out of 10 without medications and 8 to 9 out of 10 with the medication. Objective findings included positive straight leg raise bilaterally, worse on the left. The physician reported that Flexeril should be continued. The injured worker had not returned to work. The treatment plan included Flexeril 10mg 3 times a day, #90 with 2 refills and Percocet #90. The spinal cord stimulator was removed on 6-1-2015. On 6-3-2015, utilization review modified the request for Flexeril 10 mg #90 with 2 refills to Flexeril 10 mg #45 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg 3 times a day, #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Opioids-On-Going Management; Weaning of Medications Page(s): 63-64, 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

**Decision rationale:** MTUS Chronic pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminished overtime and prolonged use may lead to dependence. The preference is for non-sedating muscle relaxants. There are also indications for post-operative use. The documentation provided reported the Flexeril was relieving the muscle spasms. However, the medication had been used at least since 12/11/2015 with no evidence of an acute condition or an acute exacerbation of a condition. Flexeril was not recommended for long-term use. Therefore, Flexeril was not medically necessary.