

<b>Case Number:</b>	CM15-0128397		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	03/01/2006
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60-year-old female, who sustained an industrial injury on 03-01-2006. On provider visit dated 03-09-2015, the injured worker has reported severe back pain that moves across to bilateral buttock and bilateral groin. On examination of the bilateral paraspinals muscle spasms and stiffen in the lumbar spine area. Bilateral lumbar facet tenderness at L4-L5 and L5- S1. Pain was noted to worsen with range of motion, which was limited. The diagnoses have included lumbar spondylosis, lumbar degenerative disc disease bilateral lumbar facet syndrome, and mechanical low back pain. Treatment to date has laboratory studies, injections, physical therapy, chiropractic therapy, medication and home exercise program. The provider requested Flexeril 10mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work injury in February 2011 and underwent a left subtalar fusion in January 2015. Case notes reference completion of 12 post-operative physical therapy treatments. When seen, there was mild ankle swelling, tenderness, and an antalgic gait. X-rays shows findings of fusion consolidation. Additional physical therapy was requested. The claimant sustained a work-related injury in March 2006 and continues to be treated for back, buttock, and groin pain. When seen, there was decreased lumbar range of motion. Medications have included Soma. Medial branch radiofrequency ablation was requested. Flexeril (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation. The quantity being prescribed is consistent with more than three weeks' use and muscle relaxants have been prescribed on a long-term basis. Prescribing Flexeril was not medically necessary.