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| <b>Case Number:</b>   | CM15-0139428 |                              |            |
| <b>Date Assigned:</b> | 07/29/2015   | <b>Date of Injury:</b>       | 12/27/2010 |
| <b>Decision Date:</b> | 11/05/2015   | <b>UR Denial Date:</b>       | 07/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/17/2015 |

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old male who sustained an industrial injury on 12-27-10. The injured worker was diagnosed as having lumbar spondylolisthetic stenosis, lumbar discogenic pain and lumbar radicular pain. Currently, the injured worker reported back discomfort. Previous treatments included status post spinal decompression. The injured work status was noted as off work. The injured workers pain level was noted as 5 out of 10 with medication use. Physical examination was notable for tenderness to palpation to the bilateral L4-5 paraspinals, lumbosacral spine range of motion within functional limits, motor strength is 5 out of 5, sensation intact. The plan of care was for Flexeril 10 milligrams quantity of 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The injured worker sustained a work related injury on 12-27-10. The injured worker was diagnosed as having lumbar spondylolisthetic stenosis, lumbar discogenic pain and lumbar radicular pain. Treatments have included Lumbar Decompressive surgery on 05/05/15; Norco, and Trazodone. The medical records provided for review do indicate a medical necessity for Flexeril 10mg #60. Flexeril is a muscle relaxant with a recommended dosing of 5 to 10 mg three times daily for not longer than 2-3 weeks. The MTUS recommends 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. Therefore, the requested quantity is within the limit recommended by the MTUS as the quantity translates to 20 days or roughly, three weeks supply. The requested treatment is medically necessary.