

<b>Case Number:</b>	CM15-0061266		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/05/2002
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

### 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 52 year old male, who sustained an industrial injury on 8/5/2002. The mechanism of injury is not indicated in the available records. The injured worker was diagnosed as having multilevel cervical disc herniations, cervical sprain with radicular symptoms, chronic pain, opioid dependence, lumbosacral sprain with radicular symptoms, and lumbar spine multilevel disc herniations. Treatment to date has included medications, acupuncture, physical therapy, chiropractic treatment, injections, and epidurals. The request is for Flexeril 10mg #30, and Norco 10/325mg #120. On 3/6/2015, a PR-2 indicates he reported neck pain rated 4-8/10, arm pain rated 0-9/10, low back pain rated 4-8/10, and bilateral leg pain rated 9-10/10. The records indicate acupuncture did not alleviate his pain, while the other treatments received have been noted to have provided relief. The treatment plan included: request for repeat magnetic resonance imaging of the lumbar spine, request for Norco, Ibuprofen, and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

**Decision rationale:** MTUS guidelines state the following: Flexeril is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Flexeril requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines, Flexeril is not medically necessary to the patient at this time.