

<b>Case Number:</b>	CM15-0062276		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Texas, New York, California  
 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 applicant is a represented 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 23, 2007. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve a request for Flexeril while apparently approving a request for Lyrica and Percocet. The claims administrator referenced a January 21, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 21, 2015, the applicant reported ongoing complaints of moderate-to-severe low back pain, 8/10. The applicant reported difficulty sleeping secondary to pain. Stiffness and limited range of motion about the lumbar spine were reported. The applicant was using Percocet, Flexeril, and Lyrica, it was further noted. Radiofrequency neurotomy procedures were proposed. The applicant's work status was not detailed.

### 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 Muscle relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Lyrica and Percocet. Adding cyclobenzaprine (Flexeril) to the mix was not recommended. It was further noted that 30-tablet supply of Flexeril at issue implies chronic, long-term, and daily usage. Such usage, however, represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.