

<b>Case Number:</b>	CM15-0078237		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	02/04/2008
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Arizona, California  
 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 39 year old male who sustained an industrial injury on 02/04/2008. Diagnoses include chronic low back pain status post lumbar fusion, sarcoilitis, and degeneration of lumbar or lumbosacral intervertebral disc, chronic pain syndrome, sacroiliac joint pain, hip pain, and right ankle pain. Treatment to date has included diagnostic studies, surgery, medications, and cortisone injections and blocks, chiropractic sessions, physical therapy, acupuncture and Transcutaneous Electrical Nerve Stimulation Unit. A physician progress note dated 03/20/2015 documents the injured worker continues to have low back pain radiating to his bilateral hips, radiating to the right leg only. He reports an increase in his low back pain. He walks with a cane and a right leg boot from torn ligaments. His pain with medications is 6 out of 10 on the Visual Analog scale and without medications his pain is 9 out of 10. On examination of the lumbar spine he has positive bilateral straight leg raise. He has decreased range of motion by 75% with pain greater on the left than the right. He has positive internal and external right hip rotation and positive right Patrick's. His right ankle is tender posterior lateral and decreased inversion 50%. He wears an ankle boot. His chronic pain medication maintenance regimen benefits include reduction of pain, increased activity tolerance and restoration of partial overall functions. Treatment requested is for 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.

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on antispasmodics (Baclofen) and currently Flexeril along with opioids for months. Continued and prolonged use of Flexeril is not medically necessary.