

<b>Case Number:</b>	CM15-0078315		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/26/2015
<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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 30 year old male, who sustained an industrial injury on September 18, 2014. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar radiculitis. Diagnostic studies to date included an MRI, electrodiagnostic studies, and a urine drug screen. Treatment to date has included physical therapy, a home exercise program, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On March 6, 2015, the injured worker complains of aching low back pain with stabbing pain in the legs, greater on the right than the left. There is right leg tingling, also. His complains of increased pain that requires him to take more pain medication. He complains of decreased ability to function, inability to play and care for his child, and inability to get out of bed in the morning due to pain without taking his medications. His medications and daily home exercise program help his pain. His pain is rated 8/10. The physical exam revealed normal strength in the bilateral lower extremities, intact and equal sensation, no clonus or increased tone, moderate tenderness and spasm over the paraspinals, increased pain with flexion, and a positive right straight leg raise. The treatment plan includes continuing his muscle relaxant medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent evidence of pain flare or spasm and the prolonged use of Flexeril is not justified. Therefore the request for authorization Flexeril 7.5mg #60 is not medically necessary.