

<b>Case Number:</b>	CM15-0079065		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 was a 52 year old female, who sustained an industrial injury, July 11, 2014. The injured worker previously received the following treatments lumbar spine x-rays, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities, Tramadol, Voltaren, Flexeril, Ibuprofen, Omeprazole, lumbar spine MRI, home exercise program and random toxicology laboratory studies. The injured worker was diagnosed with lumbar radiculopathy, lumbar discogenic pain and muscle spasms of the lumbar spine paraspinal muscles. According to progress note of March 31, 2015, the injured workers chief complaint was low back pain 9 out of 10; 0 being no pain and 10 being the worse pain. The lumbar spine pain radiated to the lower extremities, right greater than the left with numbness. The injured worker had a lumbar epidural steroid injection, March 10, 2015, which only helped for 2 days. The physical exam noted decreased range of motion of the lumbar spine with tenderness with palpation. The treatment plan included a prescription renewal for Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril  
Page(s): 41-42.

**Decision rationale:** Accordingly to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great is the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use me lead to dependence. According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary.