

<b>Case Number:</b>	CM15-0092535		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	08/02/2011
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 31 year old male, who sustained an industrial injury on 08/02/2011. He reported an injury while working with a crane. The injured worker is currently not working. The injured worker is currently diagnosed as having low back pain, lumbar disc protrusion and radiculopathy, and headaches. Treatment and diagnostics to date has included epidural steroid injection, physical therapy, lumbar spine MRI which showed disc desiccation with right lateral annular tear and neural foraminal narrowing, H-wave with some relief, and medications. In a progress note dated 04/16/2015, the injured worker presented with complaints of head and low back pain. Objective findings include tenderness to palpation to lumbar spine and decreased lumbar range of motion. The treating physician reported requesting authorization for Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90 Supply: 30 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 documentation of pain and spasticity improvement with previous use of Flexeril. Therefore, the request for FLEXERIL 10 MG # 90 is not medically necessary.