

<b>Case Number:</b>	CM13-0054747		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/26/2011
<b>Decision Date:</b>	06/17/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 28 year old male who was injured on 11/26/2011 while he was moving boxes full of pizza sauce and developed the acute onset of lower back pain. Prior treatment history has included lumbar steroid injection, HEP and 12 sessions of postoperative physical therapy with no relief. The patient underwent a lumbar disc discectomy on 04/24/2013. His medications include on 06/11/2013 (No spasm or guarding is noted on this visit) include: Relafen 500 mg, Topamax 100 mg, Flexeril 7.5 mg, Sentra PM Medical Food, and Tramadol 37.5/325 mg 09/13/2013 Medications include: Relafen 500 mg, Flexeril 7.5 mg, Sentra PM Medical Food, Gabapentin 600 mg, Protonix 20 mg, and Tramadol ER 150 mg. Diagnostic studies reviewed include a urine drug screen showing a positive detection of marijuana (THC). On progress note dated 06/11/2013 the patient states that medications provided by our office, including nabumetone, Topamax, Flexeril and Tramadol are somewhat helpful in reducing his pain and improving his function. However, he did find Oxycodone prescribed following surgery was more helpful in relieving his pain. Progress note dated 09/13/2013 documented the patient with complaints of ongoing low back pain and bilateral lower extremity pain. Patient reports difficulty with household chores. He also reports anxiety and depression related to his condition. He is not able to do much in terms of activities as it aggravates his pain. He reports his pain as 8/10 on a VAS pain scale today with medications. Ultram ER is working well for his pain. Gabapentin helps him sleep better at night. Objective findings on examination of the lumbar spine reveal an antalgic gait with use of a cane for ambulation. Incision is healing well. He does have soreness in his lumbar spine. Straight leg raise is positive on left and right. Spasm and guarding is noted in the lumbar spine. Diagnoses: Lumbar disc displacement without myelopathy, Lumbar spinal stenosis, and Long term use of medications. Prescription Request: Flexeril 7.5 mg #90. Treatment Plan: The patient continues to have this chronic pain despite conservative treatments. Progress note dated 11/26/2013 documented the patient states that he is also not really using Flexeril as he does not feel this relieves his muscle spasms. Modified UR report dated

11/15/2013 denied the request for Flexeril 7.5 mg #20 because this medication is not recommended for long term use. There has been no increase in functionality, no decrease in muscle spasm and there is no objectification of the effectiveness.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**FLEXERIL 7.5 MG #90:** Upheld

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

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

**Decision rationale:** The guidelines recommend muscle relaxants for short-term treatment of acute exacerbations of chronic low back pain. Long-term use is not recommended. There does not appear to be additional benefit with muscle relaxants beyond NSAIDs alone or in combination with NSAIDs. At the time of the request, the patient had been taking Flexeril on a chronic basis along with an NSAID. Records fail to document significant functional benefit or pain reduction from use of Flexeril. The patient was noted to have chronic intractable pain and did not have any significant long-term functional benefit from the use of his medications. Further, after this request for additional Flexeril, the patient was noted on an 11/26/13 visit to not really be using Flexeril since it did not relieve his spasms. Medical necessity is not established.