

<b>Case Number:</b>	CM15-0107088		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	07/09/1998
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: California, District of Columbia, Maryland  
 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 55 year old male, who sustained an industrial injury, July 9, 1998. The injured worker previously received the following treatments Flexeril, Norco and Motrin and random toxicology laboratory studies were negative for any unexpected findings. The injured worker was diagnosed with lumbago, disc placement of lumbar disc without myelopathy, degeneration of the lumbar spine and lumbosacral intervertebral disc, status post lumbar fusion of L3-L4 on February 13, 2013. According to progress note of April 23, 2015, the injured worker's chief complaint was pain in the left upper lumbar paraspinal muscle region, which may be caused from loose hardware. The injured worker had been developing progressive right leg radicular symptoms. The pain was described as constant and achy in character. The injured worker reported the pain in the back without medications was 7 out of 10 and with medications was 4 out of 10. The medications allowed the injured worker to do the exercise program and daily chores. The physical exam noted the injured worker was able to transfer and ambulate with minimal guarding. The lumbar range of motion was decreased, flexion of 40 degrees and extension of 10 degrees. The lower extremity strength was 5 out of 5. The lower extremity range of motion was good, except for the hip which were limited. There was moderate tenderness to palpation across the lower back especially over the upper left lumbar paraspinal muscles on the left. The treatment plan included prescriptions 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. The patient is not being treated for an acute exacerbation of chronic back pain, so the requested treatment is not medically necessary.