

<b>Case Number:</b>	CM13-0009828		
<b>Date Assigned:</b>	09/11/2013	<b>Date of Injury:</b>	06/28/2007
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, 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 physician 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:

This patient sustained injury on 06/17/96. The most recent progress report submitted for review is dated 08/03/2013, is handwritten, and is difficult to read. There was mention of a lack of authorization for aquatic therapy. Examination showed tenderness over the paraspinal muscles. Ranges of motion were decreased. There was pain to the knee upon straight leg raising (SLR) and some decreased sensation in the L5 dermatome with normal reflexes. The diagnoses included lumbar sprain, with right lower extremity (RLE) radiculopathy, with disc bulges, stenosis, anterolisthesis, and facet changes. The primary treating physician note dated August 7, 2012, states, "The following was prescribed to assist in reducing or aid in resolving the patient's signs and symptoms: Vicodin 5 per 500 mg, #30 tablets, taken as directed every 6 to 8 hours as needed to reduce pain; Naproxen 550 mg, #90 tablets, taken as directed twice daily to reduce pain and inflammation; Omeprazole 20 mg, #90 tablets, taken as directed twice daily to protect the stomach; and Flexeril (Cyclobenzaprine) 10 mg, #90 tablets, a muscle relaxant taken orally as directed to reduce muscle spasms." Medical records from the primary treating physician dated March 26, 2013, state, "The patient presents to this clinic with complaints regarding lower back pain from performing certain activities. He also complains of radiating pain to the right leg associated with cramping. In addition, he reports pulsating pain in the right buttock. The following were refilled to assist in reducing or aiding in resolving the patient's signs and symptoms: Norco 10 per 325mg, taken as directed, as needed to reduce pain; Omeprazole 20 mg, taken as directed, to protect the stomach; and Cyclobenzaprine 7.5mg, a muscle relaxant taken orally as directed to reduce muscle spasm." Medical records from the primary treating physician dated June 25, 2013 state, "The patient presents to the clinic with a complaint of constant and pulsating lo

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Antispasmodics Page(s): 64.

**Decision rationale:** According to CA-MTUS, Antispasmodics, which include Flexeril® (also known as Cyclobenzaprine), are used to decrease muscle spasm in conditions such as LBP, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. (Chou, 2004). Guidelines recommended 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. The greatest effect appears to be in the first 4 days of treatment. (Browning, 2001) (Kinkade, 2007) (Toth, 2004) The claimant has been on Flexeril since August 7, 2012, and the guidelines recommended that Flexeril be used for a short course of therapy, no longer than 2-3 weeks. Therefore the request for Flexeril 7.5mg #180 is not medically necessary or appropriate.