

<b>Case Number:</b>	CM13-0038207		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/14/2008
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2013

### 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 Emergency Medicine and is licensed to practice in New York. 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:

The patient is a 55-year-old male who was injured on February 14, 2008. The patient continued to experience pain in his right trapezius and pain in his lower back with radiation in his right leg. Diagnoses included myofascial pain syndrome and lumbar spine strain/sprain. Treatment included medications and trigger point injections. Request for authorization for 3 prescriptions of Flexeril 7.5 mg #90 was submitted for approval.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 prescriptions of Flexeril 7.5mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

**Decision rationale:** Flexeril is the muscle relaxant cyclobenzaprine. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. 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. Efficacy appears

to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. In this case the patient was first prescribed flexeril on July 24, 2013. Prior to that he received another muscle relaxant. The amount of flexeril requested is for 3 prescriptions of 90 tablets each. This is being prescribed as a chronic medication when guidelines clearly state that the treatment should be brief. The medication is not recommended.