

<b>Case Number:</b>	CM13-0041134		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	12/11/2008
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He 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 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 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 50-year-old female who reported an injury on 12/11/2008. The mechanism of injury was not provided. The patient was noted to be on Flexeril in the examination of 01/31/2013 and 09/25/2013. The patient was noted to have back stiffness along with numbness in the right and left leg. It was noted extension and flexion worsened the patient's condition. The severity was noted to be a 6 on a scale of 1 to 10 with 10 being the worst. The patient on physical examination was noted to have lumbar rigidity and pain to palpation over L3 to S1 facet capsules bilaterally along with myofascial pain with triggering, tenderness and a positive stork test bilaterally. The patient's diagnoses were noted to include chronic low back pain, sciatica, and radiculitis to the lower extremities, as well as thoracic back pain. The request was made for Flexeril 10mg #90 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 and 64.

**Decision rationale:** CA MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, the patient was noted to have been on Flexeril since 01/31/2013 and clinical documentation failed to provide rationale for long-term usage. Given the above, and the lack of documentation of exceptional factors, the request for pharmacy purchase Flexeril 10mg #90 with 3 refills is not medically necessary.