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| <b>Case Number:</b>   | CM13-0043501 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 03/23/1998 |
| <b>Decision Date:</b> | 04/18/2014   | <b>UR Denial Date:</b>       | 10/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/23/2013 |

### 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:

According to the records made available for review, this is a female with a 3/23/98 date of injury. At the time (9/3/13) of request for authorization for one (1) prescription for Flexeril 10MG #90, there is documentation of subjective (increasing cervical pain with radiation to both upper extremities) and objective (diffuse bilateral paracervical tenderness from the occipital region down to the base of the cervical spine with decreased range of motion) findings. The current diagnoses include chronic intractable pain, failed neck syndrome with increasing cervical pain and bilateral upper extremity radiculopathy, history of failed back syndrome, and complex regional pain syndrome (CRPS). The treatment to date include Flexeril, since at least 3/12/13. There is no documentation of the intention to treat over a short course (less than two weeks), and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION FOR FLEXERIL 10MG #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GOODMAN AND GILLMAN'S THE PHARMACOLOGICAL BASIS OF THERAPEUTICS, 11TH EDITION, MCGRAW HILL, 2008, THE PHYSICIAN'S DESK REFERENCE, 65TH EDITION, WWW.RXLIST.COM,

AND THE ODG WORKERS COMPENSATION DRUG FORMULARY([WWW.ODG-TWC.COM/ODGTWCFORMULARY.HTM](http://WWW.ODG-TWC.COM/ODGTWCFORMULARY.HTM)). The Claims Adminis

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, MUSCLE RELAXANTS (FOR PAIN), AND THE TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that Flexeril is recommended for a short course of therapy. In addition, the MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines indicate that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of the diagnoses of chronic intractable pain, failed neck syndrome with increasing cervical pain and bilateral upper extremity radiculopathy, history of failed back syndrome, and complex regional pain syndrome (CRPS). However, there is no documentation of acute muscle spasm. In addition, the given documentation of ongoing treatment with Flexeril since at least 3/12/13, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Flexeril. Therefore, based on guidelines and a review of the evidence, the request for one (1) prescription for Flexeril 10MG #90 is not medically necessary.