

<b>Case Number:</b>	CM13-0072717		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/24/2011
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Occupational Medicine and is licensed to practice in Hawaii. 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 is a 57-year-old male with a date of injury of 4/24/2011. Medical documents indicate that the patient is undergoing treatment for cervical stenosis of C5-6, degeneration of cervical intervertebral disc, brachial neuritis, low back pain, bilateral leg pain, bilateral shoulder pain, bilateral carpal tunnel, diabetes mellitus type II, and hypertension. Subjective complaints (4/30/2013) include pain to neck, hand, and feet characterized as aching, cutting, throbbing, pressure, and shooting at the level of 9/10 on the pain scale. Objective findings (4/30/2013) include symmetric bulk tone and strength. No signs of spasm documented objectively or subjectively. Treatment has included complete C5-6 osteophyctomy with fusion (8/17/2013), physical therapy (number of sessions unknown), gabapentin 1200mg three times daily, Effexor XR 75mg daily, Amlodipine 5mg daily, Benazepril 20mg daily, Atenolol 100mg twice a day, Relafen 500mg, Amitriptyline 20mg daily, Anaprox 550mg twice a day, Percocet 10/325, Voltaren gel, and Lyrica 75mg. A utilization review dated 12/20/2013 non-certified the request for Flexeril 10mg #90 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for one (1) prescription of Flexeril 10mg, #90, with three (3) refills:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Medications for chronic pain Page(s): 41-42, 60-61. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date, Flexeril

**Decision rationale:** MTUS Chronic Pain medical Treatment states for Cyclobenzaprine (Flexeril®), "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Additionally, MTUS outlines, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "Flexeril" also recommends "Do not use longer than 2-3 weeks" and is for "Short-term (2-3 weeks) treatment of muscle spasm associated with acute, painful musculoskeletal conditions" The medical documentation provided does not establish the need for long term/chronic usage of Flexeril, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or diagnosis of acute spasm. The request for Flexeril 10mg #90 with three refills exceeds the recommended 'short term' treatment course of 2-3 weeks. As such, the request for Flexeril 10mg quantity 90 with three refills is not medically necessary.